

Appeal of Alarm Fines (Section 105-21)

Date of This Appeal		Date of Notification Letter	
REQUESTOR INFORMATION			
Name of Requestor			
Full Address of Requestor			
Telephone Number of Requestor			
Location of Alarm			
Name of Premise/Residence		Alarm Permit #	
Address of Premise/Residence			
Street Address (including #)		Apartment/Unit #	
Information of Alarm Responses Include all response information for each response which you wish to appeal			
Date of Response	Time of Response	Incident Number	Reason for appeal
Date of Response	Time of Response	Incident Number	Reason for appeal
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Use additional blank sheets of paper if needed			
I hereby certify that the above information is true. <u>Notice: The making of false statements is a crime under the New York State Penal Law.</u>			
Signature of Requestor _____ Date:_____.			
<u>For Office Use Only</u>		DO NOT WRITE BELOW THIS LINE	
Records Bureau	Date Received	Received By	Date Forwarded to Hearing Officer
Hearing Officer			
APPEAL GRANTED G	APPEAL DENIED G	Fine Reduced From: _____ To: _____	Date Reply Mailed Out ____ / ____ / ____.
TOTAL UPDATE	Date	By	Review