

FALSE ALARM APPEAL REQUEST

Return to:

Village of Bayside – Clerk/Treasurer
9075 N. Regent Road
Bayside, WI 53217-1800
414-206-3915

I (we) are hereby requesting appeal of a false alarm charge pursuant to section (check one):

11-29 (f) Burglar Alarm
 11-30 (g) Fire Alarm

Please fill out a separate sheet for each false alarm, as each appeal is acted upon independently.

Name: _____

Address: _____

Telephone: _____ Work: _____ Fax _____

Alarm Type: _____ (i.e. Fire, Burglar, Medical, etc.)

Alarm Date: _____ Alarm Time: _____

Alarm Cause: *(Your version of what caused the alarm)*

Basis for Appeal: *(Why you believe the charges should be waived)*

Signature: _____ Date: _____

You (or your designee) are required to appear before the Public Safety Committee on your appeal. The Village Clerk/Treasurer will notify you in writing as to the date and time of the meeting.

If you have questions regarding the appeal process, please contact the Village Clerk/Treasurer's Office. Questions regarding the alarm cause should be directed to the Police Department at 414-206-3916.