



FALSE ALARM APPEAL REQUEST

Case Number: _____ **Date of Alarm:** _____

Alarm Address: _____

This appeal must be filed within twenty-one (21) calendar days of a False Alarm Notice. Failure to appeal within the said timeframe shall render the false alarm determination made by the Oak Park Department of Public Safety final. If you feel the response to your address was not a false alarm that is specified within the meaning noted in the Emergency Alarm System Ordinance (Section 34-106), please complete and return the Appeal form accompanied with any supplemental documentation to:

Oak Park Department of Public Safety
Records Bureau
13800 Oak Park Blvd.
Oak Park, Michigan 48237

Explanation:

Signature

Date

Address

Phone No.

FOR OFFICE USE ONLY	
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
_____ Steve Cooper, Director of Public Safety	_____ Date