APPLICATION

FOR

REVIEW OF FALSE ALARM INVOICE

(City of Macedonia Codified Ordinance 721.021)

$25 Application Fee

Check ☐
Check No. _____

Cash ☐

Received by:

_____

_____
Invoice Number

_____
Invoice Date

Alarm User Name: _____

Alarm User Billing Address: _____

Address of Alarm if different than billing address: _____

A Filing Fee of $25, payable to the City of Macedonia, must accompany this Application.

Note: A copy of the invoice must be attached to this application. Documentary proof that an unnecessary alarm did not occur; or that the person invoiced is not the alarm user; and/or any other relevant facts must also be attached. (See Codified Ordinance 721.021) This application and supporting documents must be submitted to the City of Macedonia no later than 15 days of the date of the invoice. **Hand deliver or mail to: Macedonia Dispatch at 9691 Valley View Road.** They are open 7 days a week, 24 hours.

Reason for Review & Relief Requested:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Use reverse side or additional sheet if needed.

_____
Applicant Signature

_____
Printed Name

_____
Date

Request Approved ☐ Request Denied ☐

By _____

Date _____

Rev: 04/08