



APPLICATION
FOR
REVIEW OF FALSE ALARM INVOICE
(City of Macedonia Codified Ordinance 721.021)

Alarm User Name: _____
Alarm User
Billing Address: _____
Address of Alarm if
different than billing
address: _____

\$25 Application Fee	
Check <input type="checkbox"/>	Check No. _____
Cash <input type="checkbox"/>	Received by: _____
Invoice Number	
Invoice Date	

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.

Signature

Printed Name

Date

Request Approved <input type="checkbox"/>	Request Denied <input type="checkbox"/>
By _____	
Date _____	