



ALARM FINE REVIEW FORM



Police Department

THIS FORM MUST BE SUBMITTED TO THE POLICE DEPARTMENT WITHIN 30 DAYS OF THE ALARM ORDINANCE VIOLATION NOTIFICATION. FILL IN AS MANY BLANKS AS POSSIBLE. ATTACH ANY SUPPORTING DOCUMENTATION WHEN SUBMITTING. INCLUDE DISPUTED CASE NUMBERS ONLY.

ALARM CASE NO'S _____

LOCATION (NO/SUITE. AND STREET) _____

BUSINESS NAME _____

PROPERTY OWNER _____ PHONE: BUSINESS _____ DAYS
OR PERMITTEE _____ OTHER _____

COMPLAINT:

Mail to: Stratford Police Department - C/O Records Dpt. 900 Longbrook Ave Stfd CT 06614

*****BELOW FOR POLICE USE ONLY*****

REVIEWED BY

COMMENTS

RECOMMENDATIONS

REVIEWED BY CHIEF _____ DATE ___/___/___

COMMENTS

REMOVED FROM SYSTEM

COMPLAINANT NOTIFIED

ATTACH ALL DOCUMENTATION WHEN COMPLETED. MAKE ONE COPY OF ALARM FINE REVIEW FORM FOR CHIEF'S FILE.