

CITY OF DURHAM FALSE ALARM APPEAL REQUEST

(Please submit only one appeal request per incident.)

Account Number: **MFAL** _____

Name _____ Phone Number _____

Address _____

Work Phone _____ Cell Phone _____

Location of Alarm (if same write same): _____

Name of Business (if appealing a business alarm): _____

Address (if different than above): _____

Date of Alarm in question: _____ Date of Fine or Notification: _____

State the specific Nature of the Appeal and the relief sought:

Faxed or emailed appeals will be accepted. Appeals can also be mailed to:

City of Durham False Alarm Unit
101 City Hall Plaza
Durham, NC 27701
Phone: 919-560-4700 Fax: 919-560-4842
E-Mail: falsealarm@durhamnc.gov