



**FREDERICKSBURG POLICE DEPARTMENT
POLICE ALARM ORDINANCE APPEAL FORM**



INSTRUCTIONS

1. Complete section A only.
2. Appeal must be received within 45 days of the issue in question. Late charges cannot be appealed.
3. Return this form to the Fredericksburg Police Department, Records Section, 2200 Cowan Blvd, Fredericksburg, VA 22401.
4. You will be notified of the hearing date and time. Attendance at the hearing is not mandatory.
5. You will be notified of the disposition of your appeal.

SECTION A. Complaint Information (Please print legibly).

Date of Incident: _____ Incident Number: _____ Alarm Permit Number: _____

Alarm Owner/User's Name: _____

Phone Number: _____ Email Address: _____

Alarm Owner/User's Name Address: _____

Brief Explanation of Reason for Appeal: _____

Signature: _____ Date: _____

SECTION B. Administrative Use Only

Hearing Date: _____ Hearing Time: _____ Location: _____

Disposition: Affirmed Vacated Modified

Findings: _____

Hearing Officer: _____