

# City of Sanford, Maine

## Police Department

935 Main Street  
Sanford, Maine 04073-3589  
(207) 324-3644

## RECORD CLERKS OFFICE

(207) 324-9170, Ext. 291  
FAX (207) 324-9199

### ALARM BILLING OBJECTION NOTICE

This form has been established to permit complainants to register a formal statement of objection regarding their alarm bill(s).

For the following reason(s), I request that the alarm billing listed below be:

Excused

Voided

Other

The following information can be found on your bill:

Billed to:

\_\_\_\_\_ (NAME)

\_\_\_\_\_ (ADDRESS)

\_\_\_\_\_ (CITY/STATE/ZIP)

E-mail:

\_\_\_\_\_

Invoice #:

\_\_\_\_\_

Date of Alarm:

\_\_\_\_\_

Alarm Location:

\_\_\_\_\_

Customer #:

\_\_\_\_\_

Please state below reason for objection:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(if additional space is needed, please write on back)

Addt'l info on back

\_\_\_\_\_  
SIGNATURE OF ALARM SUBSCRIBER

\_\_\_\_\_  
PHONE NUMBER DURING DAYTIME HOURS

**A NOTICE OF DECISION WILL BE SENT TO THE LISTED SUBSCRIBER  
SHOULD PAYMENT NOT BE MADE WITHIN 30 DAYS, YOU WILL RECEIVE A SUMMONS TO  
COURT**

\*\*\*\*\*  
**FOR OFFICE USE ONLY:**

Chief's Review Date: \_\_\_\_\_

Chief's Signature: \_\_\_\_\_

Request Approved

Request Denied

Subscriber was provided with a copy of this decision on: \_\_\_\_\_ By: \_\_\_\_\_