



James Krupienski  
Acting Town Manager

# TOWN OF NEWINGTON

200 GARFIELD STREET  
NEWINGTON, CONNECTICUT 06111

## OFFICE OF THE TOWN MANAGER

### FALSE ALARMS APPEALS REQUEST FORM

Please complete this form and mail to the Alarm Appeal Officer, Town Manager. The address and phone number are located at the top of this sheet. You may also submit any additional documentation you have to support your appeal. Per Town Code §136-15 you will receive notice of the time and place of said hearing at least 15 days prior to the hearing. For additional information or to obtain a registration form, please visit [www.newingtonct.gov](http://www.newingtonct.gov).

Name: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Alarm Account Information: \_\_\_\_\_

**Reason For Appeal:**

**Alarm Appeal Officer Use Only**