MODESTO POLICE DEPARTMENT
ALARM FEES APPEAL

Please *print* and fill out all requested information. If you have any questions, please contact:

Modesto Police Department
Alarm Reduction Unit
600 Tenth Street
P.O. Box 3441
Modesto, CA 95353
(209) 572-9626

Alarm Address:

Name:	Phone Number:
Address:	
Invoice Number:	Amount Due:
Reason For Appeal (please explain in detail):	
Has The Alarm Company Been Notified? Yes ☐ No ☐	

Mailing Address (if different from above):

Address or P.O. Box:		Phone Number:
City:	State:	Zip Code:

For Office Use Only

❑ Your fees have been reduced from $ _____ to $ _____. *Please remit payment to:* **Modesto Police Department** **Alarm Reduction Unit** **P.O. Box 3441** **Modesto, CA 95353**	❑ Your fees of $ _____ have been *waived*. ❑ You ***MUST*** attend an Alarm Reduction Class. Notification of this class will be mailed to you at a later date.	❑ Approved ❑ Denied By: _____ Date: _____