



City of St. Louis  
**ALARM REGISTRATION AND  
 FALSE ALARM MANAGEMENT**

## ALARM PERMIT APPLICATION FORM

**Print legibly to assure proper recording of your information.  
 Copy this form to submit additional alarm registrations.**

ALARM OWNER NAME (Individual or Company)	
ADDRESS (Line 1)	
ADDRESS (Line 2)	
CITY, STATE, ZIP CODE	ST. LOUIS, MO _____ - _____
BILLING NAME (If different from above)	
ADDRESS (Line 1)	
ADDRESS (Line 2)	
CITY, STATE, ZIP CODE	
ELECTRICAL PERMIT NUMBER (Contact Electrical Permit Division with questions 314-622-3325)	
PRIMARY CONTACT NAME (First and Last)	
PRIMARY CONTACT PHONE NUMBER	AREA CODE (    ) _____ - _____
SECONDARY CONTACT NAME (First and Last)	
SECONDARY CONTACT PHONE NUMBER	AREA CODE (    ) _____ - _____
NAME OF ALARM COMPANY MONITORING YOUR ALARM SYSTEM (If none, write "none".)	
ALARM COMPANY PHONE NUMBER	
AMOUNT OF PAYMENT INCLUDED	_____ \$25 Residential      _____ \$50 Commercial
CHECK NUMBER	

**The above form must be completed in its entirety and payment enclosed for your registration to be processed.**

**MAIL CHECK OR MONEY ORDER WITH THIS FORM TO:**  
 CITY OF ST. LOUIS - ARFAM  
 PO BOX 790106  
 ST. LOUIS, MO 63179-0106