



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

ALARM PERMIT APPLICATION FORM

ALARM COMPANIES ARE REQUIRED TO COLLECT THE FEE AND OBTAIN THE ALARM PERMIT ON THE ALARM REGISTRATION AND FALSE ALARM MANAGEMENT WEBSITE.

NON-MONITORED ALARM OWNERS SHOULD FOLLOW THE INSTRUCTIONS ON THIS FORM.

Print legibly to assure proper recording of your information.

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 (For Wire Systems, contact the Electrical Permit Division with questions at 314-622-3325. An electrical permit is not required for Wireless Systems.)	
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**