



City of East St. Louis, Illinois
Alarm Registration & False Alarm Management

Alarm Owner Registration Form

This form should be completed by:

1. Alarm owners who need to register an alarm system that is not monitored by an alarm company.
2. Alarm owners who have been directed by their monitoring alarm company to obtain an alarm permit.

Print legibly to assure proper recording of your information.

Alarm Owner Name (Individual or Company) _____

Residential or Non-Residential Residential Non-Residential

Alarm Location Address (Line 1) _____

Alarm Location Address (Line 2) _____

Alarm Location City, State, Zip _____

Electrical Permit Number _____

Required for Wired and Wireless Systems.

Contact Regulatory Affairs Dept. with questions 618-482-

6622

Billing Name (If different from above.) _____

Billing Address (Line 1) (If different from _____)

Billing Address (Line 2) (If different from _____)

Billing City, State, Zip (If different from _____)

Primary Contact Name and Phone Number _____

Secondary Contact Name and Phone Number _____

Monitoring Alarm Company and Phone Number _____

(If None, Write "None") _____

Amount of Payment Included \$30 Residential \$100 Non-Residential

Check/Money Order Number _____

This 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 EAST ST LOUIS – ARFAM
PO BOX 66927
ST. LOUIS, MO 63166-6927