



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 314-622-3313, OPT 3. 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**