

CITY OF LADUE
9345 CLAYTON ROAD
ST. LOUIS, MISSOURI 63124
(314) 993-1214

ALARM SYSTEM PERMIT

RECEIVED BY: _____ PERMIT NO: _____ ABORT CODE: _____

DATE RECEIVED: _____ FEE PAID: _____ CASH OR CHECK (CIRCLE ONE)

Application is hereby made to the City of Ladue to obtain a permit for an Alarm System in accordance with the provisions outlined in the City's Code of Ordinances:

NAME: _____ ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

ADDRESS WHERE ALARM IS TO BE INSTALLED: _____

PREVIOUS OWNER: _____

EXISTING SYSTEM: YES ___ NO ___ COMMERCIAL ___ RESIDENTIAL ___

SPECIFY TYPE OF SIGNAL: _____ DIGITAL DIALER – Received at Police Dept.
_____ CENTRAL STATION – Called in by Alarm Co.
_____ LOCAL – At the residence “only”.

ALARM COMPANY: _____

List the names and telephone numbers of other people with access to the premises protected by the system. Person(s) listed SHOULD NOT LIVE AT THIS ADDRESS, should have a key to the residence/business, and should be able to respond to the protected premises in a reasonable amount of time.

NAME _____ PHONE NUMBER(S) _____

NAME _____ PHONE NUMBER(S) _____

NAME _____ PHONE NUMBER(S) _____

The undersigned applicant hereby agrees to comply with the provisions of the City's Code of Ordinances regulating the alarm system to include the payment fee:

- \$75 annual fee for Digital Dialer or Central Station
- \$15 annual fee for Local (rings at the residence “only”)

SIGNATURE OF APPLICANT