

CITY OF SAINT PAUL Christopher B. Coleman, Mayor

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## ALARM PERMIT APPLICATION

## ALARWITERWIT ATTLICATION

ADDRESS AND LOCATION OF ALARM (Please Print or Type)

Business Name if Applicable			<b>Business Phone Number</b>
Street Address	Zip Code		Location of Alarm
OWNER INFORMATION			
First Name	Middle Initial		Last Name
Home Street Address (if different than	above)		Home Phone Number
City	State		Zip Code
USER INFORMATION (IF DIFFERE	NT FROM OWNER)		
First Name	Middle Initial		Last Name
Home Street Address			Home Phone Number
City	State		Zip Code
IS YOUR ALARM MONITORED BY	AN ALARM COMPANY?	YES / NO	
If "Yes" which company?			
Nan ALTERNATE KEY HOLDERS	ne .	Address	Phone Number
Full Name – Key Holder #1	Address		Phone Number
Full Name – Key Holder #2	Address		Phone Number
Alarm Permit Fee: \$27.00 Make Checks Payable To: City of Sain	Mail To: t Paul	DSI – Alarm Pe 375 Jackson Str Saint Paul MN	reet, Suite 220
Signature of Cardholder (required for	all charges):		
IF PAYING BY CREDIT CARD PLEA	ASE COMPLETE THE FOLLO	WING INFORMA	TION:
☐ American Express ☐ Disco	ver	☐ Visa	
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