

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