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## DEPARTMENT OF SAFETY & INSPECTIONS (DSI) ANGIE WIESE, PE (MN), CBO, DIRECTOR

375 Jackson Street, Suite 220 Saint Paul, MN 55101-1806

## BURGLAR ALARM PERMIT APPLICATION

Tel: 651-266-8989 | Fax: 651-266-9124 Visit our website at: <u>www.stpaul.gov/dsi</u>

			Effective 01/17/2024		
PROPERTY ADDRESS OF ALARM			ADDRESS TYPE (CHOOSE ONE)		
CITY ST PAUL	<b>STATE</b> MN	ZIP CODE	RESIDENTIAL COMMERCIAL GOVERNMENT		
APPLICANT'S FIRST NAME, N	MIDDLE INITIAL, L	AST NAME			
IF "COMMERCIAL" OR "GOV	ERNMENT," PLEAS	SE PROVIDE DBA (D	DOING BUSINESS AS) NAME & BUSINESS PHONE NUMBER		
APPLICANT'S ADDRESS			APPLICANT'S PHONE NUMBER		
CITY	STATE	ZIP CODE	APPLICANT'S EMAIL		
IS YOUR ALARM MONITORED BY AN ALARM COMPANY?  YES / NO			IF "YES," PLEASE PROVIDE ALARM COMPANY NAME & BUSINESS NUMBER		
ADDITIONAL KEY HOLDERS KEYHOLDER #1 FULL NAME			KEYHOLDER #1 PHONE NUMBER		
KEYHOLDER #2 FULL NAME			KEYHOLDER #2 PHONE NUMBER		
KEYHOLDER #3 FULL NAME			KEYHOLDER #3 PHONE NUMBER		
ALARM PERMIT FEE: \$43.00  MAKE CHECKS PAYABLE TO: CITY OF ST PAUL			MAIL TO: FAX TO:  DSI – ALARM PERMITS 651-266-9124  375 JACKSON ST STE 220  ST PAUL MN 55101-1806		
	on your card statem	ent. This fee is charge	ed for all credit or debit card transactions and will appear as a separate ged by the service provider the Department of Safety and Inspections ons. The City will not receive any of the service fees.		
gnature of Cardholder	(required for	all charges):			
AMEX ☐ Discover ☐ MasterCard ☐ Visa Code ►  BILLING ZIP CODE:			Expiration Date: Month /Year		
Enter edit Card					