

DEPARTMENT OF SAFETY & INSPECTIONS (DSI) RICARDO X. CERVANTES, DIRECTOR

375 Jackson Street, Suite 220 Saint Paul, MN 55101-1806 Tel: 651-266-8989 | Fax: 651-266-9124

BURGLAR ALARM PERMIT APPLICATION

Effective 02/0E/202

						Effective (02/05/202	
PROPERTY ADDRESS	ADDRESS	ADDRESS TYPE (CIRCLE ONE)						
CITY ST PAUL	STATE MN	ZIP CODE	RE	SIDENTIAL	COMMERCIAI	L GOVERNMEN	IT	
APPLICANT'S FIRST NAME,	MIDDLE INITIAL,	LAST NAME						
F "COMMERCIAL" OR "GOV	ERNMENT," PLE	ASE PROVIDE DB	A (DOING BUSINE	SS AS) NAME	& BUSINESS PH	ONE NUMBER		
PPLICANT'S ADDRESS	APPLICAN'	APPLICANT'S PHONE NUMBER						
CITY	STATE	ZIP CODE	APPLICAN'	Γ'S EMAIL				
IS YOUR ALARM MONITORED BY AN ALARM COMPANY? (CIRCLE ONE) YES / NO			IF "YES," PLI	IF "YES," PLEASE PROVIDE ALARM COMPANY NAME & BUSINESS NUMBER				
ADDITIONAL KEY HO	LDERS		KEYHOLDE	R #1 PHONE N	NUMBER			
KEYHOLDER#2 FULL NAME			KEYHOLDE	KEYHOLDER #2 PHONE NUMBER				
KEYHOLDER #3 FULL NAME			KEYHOLDE	KEYHOLDER #3 PHONE NUMBER				
ALARM PE	375 JACKS	MAIL TO: FAX TO: DSI – ALARM PERMITS 651-266-9124 375 JACKSON ST STE 220 ST PAUL MN 55101-1806						
Effective April 3, 202 transaction on your	card statement. es to handle cred	This fee is charged it card transaction	d for all credit or o	debit card tran ovider the Dep	sactions and will partment of Safe	ety and Inspections	te	
AMEX ☐ Discover ☐ MasterCard ☐ Visa Code ►					Expiration Date: Month/Year			
Enter ccount mber ▶								