



# CITY OF SAINT PAUL

DEPARTMENT OF SAFETY AND INSPECTIONS  
375 JACKSON STREET, SUITE 220  
ST. PAUL, MINNESOTA 55101-1806  
Phone: 651-266-8989 Fax: 651-266-9124

## ALARM PERMIT APPLICATION

Visit our website at [www.stpaul.gov/dsi](http://www.stpaul.gov/dsi)

### ADDRESS AND LOCATION OF ALARM (Please Print or Type)

Business Name if Applicable \_\_\_\_\_ Business Phone Number \_\_\_\_\_

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 DIFFERENT 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?

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_

### ALTERNATE KEY HOLDERS

Full Name – Key Holder #1 \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Full Name – Key Holder #2 \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Alarm Permit Fee: \$39.00  
Make Checks Payable To: City of Saint Paul

Mail To: DSI – Alarm Permits  
375 Jackson Street, Suite 220  
Saint Paul MN 55101-1806

### CREDIT CARD PAYMENT

<input type="checkbox"/> American Express	<input type="checkbox"/> Discover	Expiration Month/Year ▶▶	▶▶	Security Code ▶▶	▶▶	▶▶	▶▶	▶▶	▶▶	▶▶	▶▶	▶▶	▶▶	▶▶	▶▶
<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa														
Enter Account Number ▶	▶	▶	▶	▶	▶	▶	▶	▶	▶	▶	▶	▶	▶	▶	▶

Signature of Cardholder (required for all charges): \_\_\_\_\_