

CITY OF LADUE  
9345 CLAYTON ROAD  
LADUE, MO 63124  
314-993-1214

ALARM SYSTEM PERMIT

**The Application for Alarm System Permit is also available in alternative format, (e.g. large print braille) by request.**

RECEIVED BY: \_\_\_\_\_ PERMIT # \_\_\_\_\_ 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 Station  
\_\_\_\_\_ 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 \_\_\_\_\_

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

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.

- \$75.00 annual fee for Digital Dialer or Central Station
- \$15.00 annual fee for Local (rings at the residence “only”

\_\_\_\_\_  
Signature of Applicant