

ALARM USER PERMIT APPLICATION

INSTRUCTIONS: You must fill out and return this application with a twenty-five dollar (\$25.00) permit fee. Any concerns or questions can be directed to the Alarm Enforcement Division at (225-389-3805) or by email at **BRPDALARM@brgov.com**

Make all checks or money orders payable to the City of Baton Rouge.

Payments may be paid in person at/or mailed to:

**Baton Rouge Police Dept.,
Alarm Enforcement Division
9000 Airline Hwy,
Baton Rouge, La. 70815**

NOTE: The operation of an emergency alarm system without the required permit will be subject to a fine of up to \$250.00 for each day of operation and a possible jail term.

PLEASE PRINT OR TYPE

☞☞☞☞☞ **Complete this section if alarm is installed in a business.** ☞☞☞☞☞

Business name as displayed: _____

Alarm Address: _____ / _____
(Street Number & Name) (Apt#) (City) (Zip)

Business Phone No: (____) _____ Email: _____

Owners Name: _____ Phone# (____) _____
(Last) (First) (MI)

Billing address: _____
(Street Number & Name) (Apt#) (City) (Zip)

Contact Person): _____ Phone# (____) _____
(Last) (First) (MI)

Authorized Representative _____ / _____
PRINT SIGNATURE

☞☞☞☞☞ **Complete this section if alarm is installed in a residence.** ☞☞☞☞☞

Name of Resident: _____
(Last) (First) (MI)

La. ID or Driver's Lic# _____ State: _____ Phone#: (____) _____ / _____
(Mobile) (Work)

Address Where Alarm Is Located: _____ / _____
(Street Number & Name) (Apt#) (City) (Zip)

Mailing Address: _____ / _____
(Street Number & Name) (Apt#) (City) (Zip)

Rent House: Yes No

Name of Owner: _____ Phone# (____) _____
(Last) (First) (MI)

Resident Email Address: _____ Owner Email Address: _____

Resident / Owner: _____ / _____
Print Signature

Name of Alarm Company: _____ **Monitoring Company:** _____

