



**City of Alton, Illinois
Alarm Registration & False Alarm Management**

Alarm Owner Registration Form

**PRINT LEGIBLY TO ASSURE PROPER RECORDING OF YOUR INFORMATION.
COPY THIS FORM TO SUBMIT ADDITIONAL ALARM REGISTRATIONS.**

Alarm Owner Name (Individual or Company)	
Residential or Non-Residential	____ Residential ____ Non-Residential
Alarm Location Address (Line 1)	
Alarm Location Address (Line 2)	
Alarm Location City, State, Zip	
Electrical Permit Number Contact Building & Zoning Dept. 618-463-3533	
Billing Name (If different from above.)	
Billing Address (Line 1) (If different from above.)	
Billing Address (Line 2) (If different from above.)	
Billing City, State, Zip (If different from above.)	
Primary Contact Name and Phone Number	
Secondary Contact Name and Phone Number	
Monitoring Alarm Company and Phone Number (If None, Write "None")	
Amount of Payment Included	____ \$25 Residential ____ \$50 Non-Residential
Check/Money Order Number	

NOTE: This form must be completed in its entirety and payment enclosed for your registration to be processed.

**Mail completed form and payment to:
CITY OF ALTON – ARFAM
PO BOX 66914
SAINT LOUIS, MO 63166-6914**