

**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 (225-389-7838) or by email at ALARMS@EBRSO.ORG  
Make all checks or money orders payable to East Baton Rouge Sheriff's Office.  
Payments can be paid in person at the sheriff's office headquarters, 8900 Jimmy Wedell Dr., Baton Rouge Louisiana or mailed to: **EBRSO, Alarm Enforcement Division**  
**P.O. Box 3277 Baton Rouge La. 70821**

**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**

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

Business name as displayed: \_\_\_\_\_

Address where (alarm is in use): \_\_\_\_\_

Business Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

Name of LLC/Corporation: \_\_\_\_\_

**Billing address):** \_\_\_\_\_

Name of owner/operator (**not manager**): \_\_\_\_\_

Owners Driver's Lic# \_\_\_\_\_ (State) \_\_\_\_\_ Phone number: \_\_\_\_\_

(Owner/Representative): \_\_\_\_\_ / \_\_\_\_\_

PRINT

SINGATURE

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

Name of resident: \_\_\_\_\_  
(Last) (First) (MI)

La. ID or Driver's Lic# \_\_\_\_\_ Phone#: \_\_\_\_\_ / \_\_\_\_\_  
(Mobile) (Work)

Physical Address: \_\_\_\_\_  
(Street Number & name) (Apt#) (City) (Zip)

Mailing Address: \_\_\_\_\_  
(Street Number & name) (Apt#) (City) (Zip)

Email Address: \_\_\_\_\_

Name of Alarm Company: \_\_\_\_\_

Name of monitoring company: \_\_\_\_\_

(Owner/Resident): \_\_\_\_\_ / \_\_\_\_\_

PRINT

SINGATURE