



East Baton Rouge Sheriff's Office Alarm Application

Complete this section if alarm is installed in a BUSINESS

Business name as displayed: _____

Physical Address: _____

Business Phone No: _____ Email: _____

Name of LLC/Corporation: _____

Billing address): _____

Name of owner/operator (**not manager**): _____

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: _____

Are outdoor cameras present: (Please Circle) **Yes or No**

Name of Alarm Company: _____

Name of monitoring company: _____

Complete if new registration or with updated information.

Payment Address:

EBRSO Alarm Enforcement

8900 Jimmy Wedell Dr.
Baton Rouge, LA 70807

Or

P.O. Box 3277
Baton Rouge, LA 70821

PERMIT NUMBER: _____