



PLEASE COMPLETE AND RETURN TO:
WATCH COMMANDER
4 SOUTH ELM AVE.
WEBSTER GROVES, MO 63119

ALARM PERMIT FORM

DATE: _____

ALARM USER

NAME: _____

ADDRESS: _____

TELEPHONE NO. HOME: _____ BUSINESS: _____

COMPANY INSTALLED ALARM

NAME: _____

ADDRESS: _____

TELEPHONE NO: _____

ALARM COMPANY WHO USER WILL CONTACT FOR REPAIR

NAME: _____

ADDRESS: _____

TELEPHONE NO: _____

AGENCY WHO WILL BE MONITORING YOUR ALARM

NAME: _____

ADDRESS: _____

TELEPHONE NO: _____

CITY MANAGER
4 E. LOCKWOOD AVE
(314) 963-5305
FAX 963-3398

CITY CLERK
4 E. LOCKWOOD AVE
(314) 963-5319
FAX 963-7561

FINANCE
4 E. LOCKWOOD AVE
(314) 963-5324
FAX 963-7561

PUBLIC WORKS
4 E. LOCKWOOD AVE
(314) 963-5315
FAX 963-5399

PLANNING
4 E. LOCKWOOD AVE
(314) 963-5332
FAX 963-7561

POLICE
4 S. ELM AVE
(314) 645-3000
FAX 962-6204

FIRE
6 S. ELM AVE
(314)645-3000
FAX 962-4504

PARKS & RECREATION
33 E. GLENDALE
(314) 963-5600
FAX 963-5685