



## ST. TAMMANY PARISH SHERIFF'S OFFICE

P. O. Box 1120  
Covington, La. 70434  
Lt. Rosemary Smith, Alarm Administrator  
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### ALARM REGISTRATION AND USER IDENTIFICATION LETTER

Section 15-929.00 St. Tammany Parish burglary and robbery alarm systems-False Alarm Ordinance

The alarm business is responsible for the completion and submission of the registration of any new installation and/or conversion takeover of any existing system. The alarm business shall forward to the Sheriff's office a completed alarm user identification letter including certification of the date of installation, conversion, or takeover of the alarm system. This form shall be submitted within ten days of the install, conversion, or takeover of the alarm system.

PLEASE PRINT LEGIBLY

\_\_\_\_\_ Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Apartment

Name of Alarm User: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address of Alarm: \_\_\_\_\_  
Street City State Zip Code

Mailing Address: \_\_\_\_\_  
City State Zip Code

E- Mail Address: \_\_\_\_\_

If business, give location:

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_ Suite#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

If business, name of associate responsible for Alarm System Management:

\_\_\_\_\_ President \_\_\_\_\_ CEO \_\_\_\_\_ Partner \_\_\_\_\_ Associate

Name Address Phone#

\_\_\_\_\_ President \_\_\_\_\_ CEO \_\_\_\_\_ Partner \_\_\_\_\_ Associate

Name Address Phone#

\_\_\_\_\_ President \_\_\_\_\_ CEO \_\_\_\_\_ Partner \_\_\_\_\_ Associate

Name Address Phone#

Name of Alarm Installation/Service Company;

Protect America, Inc.

800-951-5111

(Name)

(24 hour phone#)

Name of Monitoring Company;

Criticom Monitoring Services

800-482-9800

(Name)

(24 hour Phone#)

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_