

## **Spartanburg County Government Residential Alarm Registration**

366 N. Church Street
P.O. Box 5666
Spartanburg, SC 29304
Telephone (864) 596-2727
Fax (864) 596-2194
falsealarm@spartanburgcounty.org

This form may be completed online at <a href="http://services.spartanburgcounty.org/SCCRS/regtype.aspx">http://services.spartanburgcounty.org/SCCRS/regtype.aspx</a>

Name			
Telephone	Alternate	Telephone	
Do you prefer to be contacted via em	ail when possible?	Yes	No
Email Address			
Physical Address			
Mailing Address (if different than phy	ysical address)		
Is the alarm monitored?Yes	No		
Primary Alarm Responder Contac	t Information (Optional - 1	This is the resident unless of	therwise designated.)
	Same as Resident	ı	
Name			
Telephone(s)			
Two Alternate Individuals Authori  Name  Telephone	Name_		
Alternate Telephone		Telephone	
Note Once received and processed by Spartan 31st. This permit will need to be rene necessary paperwork. Please have your personnel.  I certify that all information on this reg any fines and/or fees that may be applied.	wed annually thereafter and no permit number available when istration form, including any a	nay be completed by contact n contacting this office, your	ting the County Offices for the Alarm Company, or emergency
Signed		Date	
Revised 3/17/15			