



Spartanburg County Government Nonresidential Alarm Registration

366 N. Church Street
P.O. Box 5666
Spartanburg, SC 29304
Telephone (864) 596-3202 or (864) 562-4416
Fax (864) 562-4050
falsealarm@spartanburgcounty.org

This form may be completed online at <http://www.spartanburgcounty.org/SCCRS/regtype.aspx>

Business Information

Business/Organization Name _____

Type of Business/Organization: _____

Federal Tax # _____ State of SC Sales & Use Tax # _____

Is this Business? New _____ Existing _____ Is this Business Seasonal? Yes _____ No _____

Do you prefer to be contacted via email when possible? Yes _____ No _____

Email Address _____

Business website _____

Telephone _____ Fax _____

Physical Address _____

Mailing Address (if different than physical address) _____

Is the alarm monitored? Yes _____ No _____

Please provide the following information which will help first responders in a case of emergency. This information will be kept confidential and only provided to emergency personnel.

Directions (Optional)

Please provide directions to your location using well known streets and /or landmarks.



Special Conditions (Optional)

Please list any special conditions that may exist at your location (i.e. watch dog, disabled persons, hazardous materials, etc.)

Alarm Contact Information (Optional)

Name _____ Name _____

Telephone _____ Telephone _____

Primary Alarm Responder *(This would be the first person contacted in case of an emergency.)*

Name _____ Title _____

Telephone(s) _____

Two Alternate Individuals Authorized to respond to your Alarm (Optional)

Name _____ Name _____

Telephone _____ Telephone _____

Alternate Telephone _____ Alternate Telephone _____

Note

Once received and processed by Spartanburg County, a permit number will be issued and your permit will be valid until December 31st. This permit will need to be renewed annually thereafter and may be completed by contacting the County Offices for the necessary paperwork. Please have your permit number available when contacting this office, your Alarm Company, or emergency personnel.

I certify that all information on this registration form, including any attachments, is true and accurate. I accept responsibility for any fines and/or fees that may be applicable.

Signed _____ *Date* _____