County of Greenville

_____

False Alarm Reduction Unit
4 McGee Street
Greenville, SC 29601

Please review information for accuracy. If revisions are required, mark through incorrect data, writing corrections above, sign, date and return corrected and/or renewal forms to the FARU. ***If you have received a confirmation of alarm registration or renewal letter with this form, please retain form for your records. FILL OUT WITH BLUE OR BLACK INK ONLY.***
_____$10 registration fee enclosed (Check or money order payable to County of Greenville. CASH WILL NOT BE ACCEPTED)

CONNECT: ___LOCAL ___REMOTE SOUND: ___SILENT ___AUDIBLE
RESET: ___MANUAL ___AUTOMATIC INSTALLED: EXPIRES:
ALARM TYPE: ___Burglary ___Fire ___Intrusion ___Medical ___Other ___Panic ___Robbery

LOCATION -		**RESPONSIBLE PARTY**	
NAME (LAST, FIRST OR BUSINESS NAME)		LAST, FIRST	
STR # STREET NAME APT/SUITE	eMAIL ADDRESS	STR # STREET NAME APT/SUITE	eMAIL ADDRESS
CITY, STATE ZIP		CITY, STATE ZIP	
Ph1	Ph2	Ph1 Ph2	Ph3 Ph4
PHONE 1	PHONE 2	PHONE 1-2	PHONE 3-4

CONTACT PERSON 1		**CONTACT PERSON 2**	
NAME (LAST, FIRST)		NAME (LAST, FIRST)	
STR # STREET NAME APT/SUITE	eMAIL ADDRESS	STR # STREET NAME APT/SUITE	eMAIL ADDRESS
CITY, STATE ZIP		CITY, STATE ZIP	
Ph1 Ph2	Ph3 Ph4	Ph1 Ph2	Ph3 Ph4
PHONE 1-2	PHONE 3-4	PHONE 1-2	PHONE 3-4

SPECIAL CONDITIONS

MONITORED BY		**SOLD BY**	
COMPANY NAME		COMPANY NAME	
ADDRESS (STR # STREET NAME APT/SUITE		ADDRESS (STR # STREET NAME APT/SUITE	
CITY, STATE ZIP		CITY, STATE ZIP	
PHONE 1	PHONE 2	PHONE 1	PHONE 2

PETS:

I hereby certify that the above information is accurate to the best of my knowledge:

Signature of Alarm Location Owner Date