



Spartanburg County Government

366 N. Church Street
P.O. Box 5666
Spartanburg, SC 29304
Telephone (864) 596-3202 or (864) 562-4416

New _____
Date _____
Renewal _____
Update _____

Nonresidential False Alarm Registration

Please complete and submit this form to the address listed above, email it to falsealarm@spartanburgcounty.org, or fax it to (864) 562-4050

- Business/Organization Name _____
- Physical Address _____
- Mailing Address (if different than physical address) _____
- Telephone _____ Fax _____
- Do you prefer to be contacted via email when possible? _____ Yes _____ No
- If yes, please provide email address _____
- State of SC Sales & Use Tax # _____ Is this Operation Seasonal? Yes _____ No _____
- Type of Business/Organization: _____

Primary Alarm Responder Contact Information *(Can be called in an emergency, 24 hours a day, and contact a key holder or other emergency contact who will respond within a reasonable amount of time.)*

- Name _____ Title _____
- Address _____
- Telephone(s) _____

Alarm Information

Name of company that monitors your alarm _____

Telephone _____

Type of Alarm: Burglar _____ Fire _____ Panic _____ Medical _____

Two Alternate Individuals Authorized to Respond to Your Alarm (Optional)

Name _____ Name _____

Telephone _____ Telephone _____

*These individuals should have right of entry (key) to the premises and be available to secure location if necessary



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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.)

*NOTE:

Once received and processed by Spartanburg County, a permit number will be issued and your permit will be valid until **December 30, 2011**. 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 _____

Office Use Only

_____ Date Issued _____ Tax Map# _____