



Alarm Registration Form

Alarms should **not** be reported by dialing 911.
Alarm companies *should* dial **(803) 329-1110**.

EMERGENCY MANAGEMENT

*Please make sure all information is filled out completely and neatly; if not, this form will be returned for completion.
Should any of the information provided change, please contact our office so that the necessary changes can be made.*

Date _____

Alarm Location Address _____

Apt / Suite # _____ City _____ Zip _____

Business / Resident Name _____

Telephone Numbers:

(Day) _____ (Night) _____

(Other) (Please specify) (_____) _____

Mailing Address (IF different from the location address) _____

Name of Power Company _____

Alarm Company Information:

Name _____ Telephone Number _____

Type of alarm: Fire Medical Burglar Other _____

Name of Subdivision / Office Complex _____

Emergency Contacts:

Name _____

Telephone # (Home) _____ (Work) _____

(Cell) _____ (Other) _____

Name _____

Telephone # (Home) _____ (Work) _____

(Cell) _____ (Other) _____

Name _____

Telephone # (Home) _____ (Work) _____

(Cell) _____ (Other) _____

BRIEF directions from main highway or road _____

Other Important Information _____

**Please return form to: York County Emergency Management
PO Box 11706
Rock Hill, SC 29731-1706**