



Department of Public Safety Communications

Alarm Registration Form

Alarms should not be reported by dialing 9-1-1. Alarm companies should dial (803) 329-1110.

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:(Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(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 Public Safety Communications
P.O. Box 12430
Rock Hill SC 29731