



City of Simpsonville  
405 E. Curtis St.  
Simpsonville, S.C. 29681  
864-967-9536

Account #:

## Alarm Registration Form

**For each address for which you are registering an alarm, complete a registration form. Be sure to complete all items. The processing fee is \$10; payment may be made via check or money order to the Simpsonville Police Department and returned to the above address.**

### 1. Alarmed Location

Occupant Name or Business Name \_\_\_\_\_

Address \_\_\_\_\_

Suite/Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

### 2. Mailing Address/Responsible Party

Name \_\_\_\_\_

Address \_\_\_\_\_

Suite/Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Phone 3 \_\_\_\_\_ Phone 4 \_\_\_\_\_

Email Address \_\_\_\_\_

### 3. Additional Contacts

(1) Name \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

(2) Name \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_



**4. Additional Information**

Special Conditions/Hazards \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Alarm Companies**       Not Monitored

Monitored By \_\_\_\_\_  
Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_  
Sold By \_\_\_\_\_  
Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

**I hereby certify that the above information is accurate to the best of my knowledge. In signing, I accept responsibility for this alarm and its activity in understanding Ordinance Sec. 8-5 (see [www.simpsonville.com](http://www.simpsonville.com) for Code of Ordinances).**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name (Print)** \_\_\_\_\_