

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.*

 \$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

Ph1

Ph2

CITY, STATE ZIP

Ph1

Ph3

Ph2

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

Ph1

Ph3

Ph2

Ph4

CITY, STATE ZIP

Ph1

Ph3

Ph2

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