



# County of Greenville

Account # \_\_\_\_\_

**Remit to:**  
**Greenville County Sheriff's Office/County Alarms**  
**4 McGee Street**  
**Greenville, SC 29601**  
**(864) 467-5434**

## Registration Form

**Enclose \$10 registration fee and return to address shown above. Check or Money Order ONLY made payable to County of Greenville**

### 1 Alarmed Location

Occupant Name or Business Name _____		Phone Number _____
Address _____		Suite/Apt# _____
City _____	State _____	Zip _____

### 2 Responsible Party Mailing Address (if different)

Name _____	Phone 1 _____
_____	Phone 2 _____
Address _____	Phone 3 _____
City _____	State _____
Zip _____	<input type="checkbox"/> (If preferred) Email address for future correspondence _____

### 3 Additional Contacts

Contact _____	Phn1 _____
_____	Phn2 _____
Name _____	_____
Contact _____	Phn1 _____
_____	Phn2 _____
Name _____	_____

### 4 Additional Information

Special Conditions/ Hazards / Gate Code \_\_\_\_\_

### 5 Alarm Companies

Not Monitored

Monitored By _____	Phn1 _____
Sold By _____	Phn1 _____

\*If possible, please provide an email address above for future correspondence and notifications reference any alarm responses made by Greenville County Sheriff's Office

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