Permit #

***Remit to:***
***Greenville County Sheriff's Office/County Alarms***
***4 McGee Street Ste 2***
***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. (No Cards)**

## 1 Alarmed Location

Occupant Name or Business Name _____ Phone Number _____

Address _____ Suite/Apt# _____

City _____ State _____ Zip _____

## 2 Responsible Party Mailing Address (if different)

Phone 1 _____

Name _____ Phone 2 _____

Address _____ Phone 3 _____

**City** **State** **Zip** ☐ **(If preferred) Email address for future correspondence**

## 3 Additional Contacts

Contact

Name _____ Phn1 _____ Phn2 _____

Contact

Name _____ Phn1 _____ Phn2 _____

## 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 _____