



ROCK HILL POLICE DEPARTMENT

Security Alarm Registration

OFFICIAL USE ONLY
Date Entered: _____
Completed By: _____

- Check for New Alarm Registration
- Check for revision to Alarm Registration

Step 1: Describe Alarm Location

Residential:

Name: _____

Date of Birth: _____

Address: _____

Cell Phone: _____

Home Phone: _____

Email Address: _____

Commercial:

Business Name: _____

Business Address: _____
(Include Suite # if applicable)

Business Phone: _____

Manager Name: _____

Manager Phone: _____

Step 2: List Alarm Company

Alarm Company Name: _____

Alarm Company Address: _____

Alarm Company Phone: _____

Step 3: Must List Two Alternate Authorized Key Holders

Second Key Holder Name: _____

Third Key Holder Name: _____

Address: _____

Address: _____

Cell Phone: _____

Cell Phone: _____

Step 4: Describe Alarm System Type

4a. (Select 1)

- Monitored by Alarm Company
- Not Monitored / Audible Ringer Only

4b. Check all that apply:

- | | |
|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Burglar | <input type="checkbox"/> Hold-Up |
| <input type="checkbox"/> Fire | <input type="checkbox"/> Panic |
| <input type="checkbox"/> Silent | <input type="checkbox"/> Other: _____ |

Step 5: Sign and Return Registration

I have read the completed application and know it to be true and correct. I accept responsibility for the payment of all fees and fines that may result from operation of the alarm system described above. I understand that any false information will result in my permit being revoked.

Signature: _____

Email/ Mail/ Fax Application to:

alarmreg@cityofrockhill.com

Mail: 120 E. Black St., Rock Hill, SC 29730

Fax: (803)325-2524