



Spartanburg County Government

366 N. Church Street
P.O. Box 5666
Spartanburg, SC 29304
Telephone (864) 596-3202 or (864) 562-4416

New _____
Date _____
Renewal _____

Nonresidential False Alarm Registration

Please complete and submit this form to the address listed above or fax it to: *Budget Management (864) 562-4050*

- Business Name _____
- Physical Address _____
- Mailing Address _____
- Telephone _____ Fax _____
- Manager's Name _____
- Manager's Address _____
- Manager's Telephone _____ Cell _____
- Owner's Name _____
- Owner's Address _____
- Owner's Telephone _____ Cell _____
- Email Address _____
- Would you prefer to be contacted via email when possible? Yes _____ No _____
- Federal Tax ID #: _____ SC Sales & Use Tax #: _____
- SIC Code *if known*: _____ Is Business Seasonal? Yes _____ No _____
- Type of Business: _____

Alarm Information

Name of company that monitors your alarm _____

Telephone _____

Type of Alarm: Burglar _____ Fire _____ Panic _____ Medical _____

Two Alternate Individuals Authorized to Respond to Your Alarm

Name _____ Name _____

Address _____ Address _____

Telephone _____ Telephone _____

Cell _____ Cell _____

Relationship _____ Relationship _____

*These individuals must have right of entry (key) to the premises and be available to secure location if necessary



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Please provide the following information which will help first responders in a case of emergency. This information will be kept confidential and only provided to emergency personnel.

Directions

Please provide directions to your location using well known streets and /or landmarks.

Special Conditions

Please list any special conditions that may exist at your location (i.e. watch dog, disabled persons, hazardous materials, etc.)

*NOTE:

Once received and processed by Spartanburg County, a permit number will be issued. This permit will need to be renewed annually and may be completed by contacting the County Offices for the necessary paperwork. Please have your permit number available when contacting this office, your Alarm Company or emergency personnel.

I certify that all information on this registration form, including any attachments, is true and accurate. I accept responsibility for any fines and/or fees that may be applicable.

Signed _____ **Date** _____

Office Use Only

_____ Date Issued _____ Tax Map# _____