# County of Greenville

**False Alarm Reduction Unit**
**4 McGee Street**
**Greenville, SC 29601**

# _____
Waived: _____

**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.)

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 | | CITY, STATE ZIP | |
| Ph1 | Ph2 | 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 | | CITY, STATE ZIP | |
| Ph1 | Ph3 | Ph1 | Ph3 |
| Ph2 | Ph4 | 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