



# 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:*

Burglar      Hold-Up

Fire          Panic

Silent        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