



**Spartanburg Public Safety Department  
False Alarm Reduction License  
P.O. Box 1746  
Spartanburg, SC 29304**

# \_\_\_\_\_

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 and payment to the False Alarm Division.

\_\_\_\_\$25 Registration Fee Enclosed (Check or Money Order payable to the Spartanburg Public Safety Dept.)

ALARM COMPANY INFO		RESPONSIBLE PARTY	
NAME (COMPANY NAME)		LAST, FIRST	
STR # STREET NAME APT/SUITE	eMAIL ADDRESS	STR # STREET NAME APT/SUITE	eMAIL ADDRESS
CITY, STATE ZIP		CITY, STATE ZIP	
PHONE1	PHONE2	PHONE1-2	PHONE3-4

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	
PHONE1-2	PHONE3-4	PHONE1-2	PHONE3-4

CONTACT PERSON 3		CONTACT PERSON 4	
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	
PHONE1-2	PHONE3-4	PHONE1-2	PHONE3-4

CLIENTS		
<b>TYPE</b>	<b>RESIDENTIAL</b>	<b>NON-RESIDENTIAL</b>
MONITORED		
SOLD		
SERVICED		
INSTALLED		

**LIST COMPANIES YOU USE (Monitoring or Installation):**

(1) BUSINESS NAME: \_\_\_\_\_ BUSINESS LICENSE # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON: (For SPSD) \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EXT: \_\_\_\_\_ LOCAL FAX: \_\_\_\_\_

(2) BUSINESS NAME: \_\_\_\_\_ BUSINESS LICENSE # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON (For SPSD) \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EXT: \_\_\_\_\_ LOCAL FAX \_\_\_\_\_

**NOTE: MONITORING STATIONS MUST BE REGISTERED WITH THE SPARTANBURG PUBLIC SAFETY DEPARTMENT FASLE ALARM REDUCTION UNIT, AS WELL AS OBTAIN A BUSINESS LICENSE FROM THE CITY OF SPARTANBURG'S FINANCE AND BUSINESS LICENSE DIVISION.**

**SECTION III: OTHER INFORMATION**

INSTALLATION:  RESIDENTIAL  COMMERCIAL  INDUSTRIAL

SERVICE:  RESIDENTIAL  COMMERCIAL  INDUSTRIAL

HOW IS SERVICE PERFORMED?

STANDARD 8AM-5PM AFTER SALE SERVICE

EMERGENCY 24HR/7 DAY AFTER SERVICE

SUBCONTRACT OUT SERVICE

FRANCHISE DEALER?  ADT  BRINKS  MONITRONICS  OTHER

COMMENTS: \_\_\_\_\_

SIGNED: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ SC ALARM LICENSE # \_\_\_\_\_