

YORK COUNTY ALARM REGISTRATION FORM

ALARMS SHOULD NOT DIAL 911

ALARMS SHOULD DIAL 329-1110

Date _____

Business/Resident Name _____

Alarm Location Address _____

Apt/Suite # _____ City _____ Zip _____

Telephone # (Day) _____ (Night) _____

Subdivision/Office Complex _____

Mailing Address (if different than location address) _____

Brief directions from main highway or road _____

It is imperative that the following information is provided, if not this form will be returned for completion. Should any of the information provided change please contact our office so that necessary changes may be noted.

Name of Alarm Company _____

Telephone # of Alarm Company _____

Type of Alarm (fire, medical, burglar, etc) _____

Is this an audible alarm, silent or both? _____

Name of Power Company _____

Emergency Contacts:

Name _____ Telephone # (Day) _____
(Night) _____

Name _____ Telephone # (Day) _____
(Night) _____

Name _____ Telephone # (Day) _____
(Night) _____

Other important information: _____

Please return form to: York County Emergency Management
PO Box 11706
Rock Hill, SC 29731