



ROCK HILL POLICE DEPARTMENT

Security Alarm Permit Application

OFFICIAL USE ONLY
PERMIT #:

ISSUE DATE:

Check for New Application

Check for revision to application for permit # _____

Step 1: Describe Alarm Location

Residential:

Name: _____

Address: _____

Cell Phone: _____

Home Phone: _____

Email Address: _____

Commercial:

Business Name: _____

Business Address: _____

Business Phone: _____

Manager Name: _____

Manger 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 Application

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