

# City of Mauldin Alarm Registration

Alarm User Name: \_\_\_\_\_

Alarm Site Type (Circle): Residential / Commercial / Apartment

Alarm Site Address (Street Address): \_\_\_\_\_

Alarm Site Phone #: \_\_\_\_\_ Type of Business (If Applicable): \_\_\_\_\_

Alarm Purpose (Circle one or more/ indicate if A=audible or S= silent): Burglar () Duress ()

Fire () Other \_\_\_\_\_ ()

Dangerous or Special Condition (Animals/ Chemicals / Explosives / etc...): \_\_\_\_\_

Responsible Party for Alarm Billing: \_\_\_\_\_

Phone # of Responsible Party: \_\_\_\_\_

Mailing Address of Responsible Party: \_\_\_\_\_

Alarm Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address of Alarm Company: \_\_\_\_\_

Alarm Monitoring Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address of Alarm Monitoring Company: \_\_\_\_\_

Date of Installation / Takeover / Conversion (Circle One): \_\_\_\_\_

Alarm Activation Responders (Must Designate Two Individuals):

Name: \_\_\_\_\_ Phone #'s \_\_\_\_\_

Name: \_\_\_\_\_ Phone #'s \_\_\_\_\_

Name: \_\_\_\_\_ Phone #'s \_\_\_\_\_

Name: \_\_\_\_\_ Phone #'s \_\_\_\_\_

## Applicant's Statement

I have read and understand the alarm ordinance of the City of Mauldin and hereby agree to notify the Alarm Administrator in writing, at the address listed below, of any changes that alters any information on this registration form within ten (10) days of the change. I further understand that registration of an alarm system is not intended to, nor it will, create a contract, duty or obligation, either expressed or implied, for response. Any and all liability and consequential damage resulting from the failure to respond to an alarm notification, is hereby disclaimed and government immunity as provided by law is retained. By registering an alarm system, I acknowledge that police and/or fire units response may be based on factors such as: priority of calls, weather conditions, traffic conditions, emergency conditions, staffing levels, and /or other factors.

\_\_\_\_\_  
Signature of Responsible Party for Billing

\_\_\_\_\_  
Date

Address for Alarm Administrator: Alarm Administrator  
City of Mauldin  
P.O. Box 249  
Mauldin, SC 29662