

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): Burglary Duress Fire Other _____

Dangerous or Special Condition (animals/chemicals/explosives/etc....): _____

Responsible Party for Alarm Billing: _____ Phone # 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: _____

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 indented to, nor will it, 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 responding 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, S.C. 29662

Please include appropriate fee with your application.

Make checks payable to : City of Mauldin

RESOLUTION # 2001-6

A Resolution Establishing Alarm Fees For the City Of Mauldin.

Whereas the City Council of the City of Mauldin adopted Ordinance #549 on October 15, 2001; and

Whereas, Ordinance #517 provides for fees to be established by City Council;

NOW THEREFORE BE IT RESOLVED by the Mayor and City Council of the city of Mauldin, South Carolina, in Council assembled and by the authority thereof:

Section 1. The following rate schedule is hereby adopted:

False Alarm Fee Schedule

- Registration - \$10
- After 4th False Alarm - \$50
- After 5th False Alarm - \$100
- After 6th False Alarm and any additional false alarm - \$200
- Reinstatement - \$100

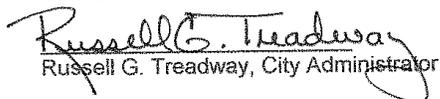
Section 2. This Resolution shall become effective immediately upon and after its passage.


L.S. Green, Mayor

ATTEST:


Cindy Miller, Municipal Clerk

REVIEWED:


Russell G. Treadway, City Administrator