

**CITY OF EASLEY ALARM SYSTEM**  
**APPLICATION FOR REGISTRATION PERMIT**

Return to: City of Easley PO Box 466 Easley SC, 29641  
(864) 855-7900

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

Type of Alarm: \_\_\_ Business \_\_\_ Residential \_\_\_ Other

Alarm Purpose: \_\_\_ Burglar \_\_\_ Duress \_\_\_ Fire \_\_\_ Other

Type of Business (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_

Phone Number: \_\_\_\_\_

Responsible Party for Billing: \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Alarm Company: \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Date of Installation/Take Over/Conversion: \_\_\_\_\_

Alternate Contacts:

1. Name \_\_\_\_\_ Phone# \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Phone# \_\_\_\_\_ Relationship \_\_\_\_\_

Dangerous or Special Conditions (animals, chemicals, explosives, etc.)

\_\_\_\_\_

\_\_\_\_\_

Applicants Statement

I have read and fully understand the City of Easley's Alarm Ordinance, hereby agree to notify the City of Easley if/when any information changes on this registration form. I further understand that registration of an alarm system is not intended to create a contract, duty or obligation, either expressed or implied, for a response. I further understand that Police and Fire response may be based on factors such as: priority calls, weather conditions, traffic conditions, staffing levels and any other emergency condition. I hereby acknowledge any liability and damage due to failure to respond due to a valid justification will not fall on the City of Easley, Chief of Police, or Fire Chief.

Signature of Responsible Billing Party \_\_\_\_\_ Date: \_\_\_\_\_