



Alarm Registration/Keyholder Registration



Residence Name: _____

Address: _____

Residence Telephone Number: () _____ - _____

Power Company: _____

Water Company: _____

Gas Company: _____

House Description: _____

Alarm Company: _____

Alarm Company Phone Number: () _____ - _____

Alarm Password: _____

(This password is to cancel the alarm and is confidential between homeowner and 911)

Keyholder(s)

Name: _____

Telephone Number: () _____ - _____

Name: _____

Telephone Number: () _____ - _____

If you have any questions concerning the above, contact Deputy Director, Hailey Sprouse, at (864) 487-2742.

Please email this form to hailey.sprouse@cherokeecountysc.com or mail to:

Attention: Hailey Sprouse
Cherokee County E911
110 Railroad Ave.
Gaffney SC 29340