

# Subscriber Information

Revised 12/22/04

Date: \_\_\_\_\_ Submitted by (Technician's Name & ID) \_\_\_\_\_  
 Dealer Name: \_\_\_\_\_ Dealer #: \_\_\_\_\_  
**Account Name:** \_\_\_\_\_ **Account #:** \_\_\_\_\_  
 Location Address: \_\_\_\_\_ Cross-Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Directions (If Rural) \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Panel Phone: if different. (\_\_\_\_) \_\_\_\_\_

**Mailing Address: (If different than above)**

Name: \_\_\_\_\_ Attention: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Dialer Type:** \_\_\_\_\_ **Panel Type:** \_\_\_\_\_ **Test Days:** \_\_\_\_\_

**Class Code: (Check One)**

- |  |  |
|--|--|
| <input type="checkbox"/> SM Standard Monitoring          | <input type="checkbox"/> RS Reports & Supervision    |
| <input type="checkbox"/> CF Commerical Fire Systems      | <input type="checkbox"/> 2W Two-Way Voice Monitoring |
| <input type="checkbox"/> OC Alarm Reports for Open/Close | <input type="checkbox"/> AP Apartments               |
| <input type="checkbox"/> SP Supervised Monitoring        | <input type="checkbox"/> EM Employee Monitoring      |

• **Reports: (Circle One): Mailed**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_

**E-Mailed**

Name: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

**Faxed**

Name: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_

• **Open / Close Schedule (Only for Supervised Accounts)**

	Open	Close		Open	Close
Monday	_____	_____	Friday	_____	_____
Tuesday	_____	_____	Saturday	_____	_____
Wednesday	_____	_____	Sunday	_____	_____
Thursday	_____	_____	Holidays	_____	_____

- Monitoring Station will notify Key-holders if Late-to-open or Late-to-close for more than 5 minutes.

**Response Agencies**

Police: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Fire: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Medical: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**General Account Password** \_\_\_\_\_

Key-holder	Contact Number	Contact Type	Authorize Changes	Password/User#
1. _____	(____) _____	H W P C	Y N	_____
2. _____	(____) _____	H W P C	Y N	_____
3. _____	(____) _____	H W P C	Y N	_____
4. _____	(____) _____	H W P C	Y N	_____
5. _____	(____) _____	H W P C	Y N	_____

Code	Zone	Area	Description	Notify
_____	_____	_____	_____	V D K L A
_____	_____	_____	_____	V D K L A
_____	_____	_____	_____	V D K L A
_____	_____	_____	_____	V D K L A
_____	_____	_____	_____	V D K L A
_____	_____	_____	_____	V D K L A
_____	_____	_____	_____	V D K L A
_____	_____	_____	_____	V D K L A

V = Verify    D = Dealer    K = Key Holder    L = Log    A = Agency / Authority

Customer's Signature \_\_\_\_\_ Alarm Company Signature \_\_\_\_\_