

P. O. Box 153303, Irving, TX 75015 • (972) 251-1215

Burglar Alarm License B-08215

123 OFFICE USE ONLY ■ NEW UPDATE Digital Acct. No. Radio Acct. No. On-Line Date Panel Type B/A Permit No. Hold-up Permit No. Default ☐ LAT O/C Un-Sup O/C Sup ☐ C Sup □ Radio ■ Sup Test ☐ Daily Test ☐ Comm Fire

EMERGENCY NOTIFICATIONS

Service: Central Station Alarms; Upon receipt of an alarm signal from the Subscriber's premises, Company shall make every reasonable effort to transmit the alarm promptly to the headquarters of the police, guard or fire department having jurisdiction, unless there is just cause to assume that an emergency condition does not exist, and then Company shall make a reasonable effort to notify the Subscriber or his designated representative by telephone, unless instructed to do otherwise by the Subscriber or his designated representative. Additionally, Company will attempt to notify Subscriber's call list after the proper authority is notified, on burglar, hold-up and/or fire alarm signals. In the event Subscriber or his designated representative should notify Company immediately after a false alarm, and be identified

by a preassigned pass word, the Company will discontinue not alarm by calling the alarm site prior to any authority having a Agreement which you have executed and is subject to all of it call list, listed below, by telephone; however, Company has reschedule. Modifications to this schedule must be in writing.	jurisdiction, to avoid s terms and conditio no obligation to notify	a false alarm, ns. Subscriber a any agency o	when poss acknowledor contact, o	ible. This schedule ges that Company's other than the ager	e is a part s obligation acy or cont	of the Monitoring Service is to attempt to notify the act you have listed in this
(print or type, black ink please)						
Account Name: Last or Company Name First	M.I.	Spouse	Tel	ephone No. () (Telep	hone No. at Alarm Site)
Address:	*					
Name of Police Department:		City	Tel	ephone No. ()	Zip
Name of Fire Department:			Tel	ephone No. ()	,
Name of Guard Response:			Tel	ephone No. ()	
(Optional)			Wk Mb	A Market	7 V	
	()		Hm Pg	Account Modification [Authorization Desired? [
(1) Name of Emergency Contact	Telephone No.		AA/I. AAI.		If "Yes	," Enter Contact's Social Security No.
	()		Wk Mb Hm Pg	Account Modification [
(2) Name of Emergency Contact	Telephone No.			Authorization Desired? [." Enter Contact's Social Security No.
(2) Name of Emergency Contact	relephone No.		Wk Mb			, Lines contacts codes occurry 140.
	()		Hm Pg	Account Modification (Authorization Desired? (
(3) Name of Emergency Contact	Telephone No.			The state of the s		," Enter Contact's Social Security No.
	, ,		Wk Mb	Account Modification	Yes	
	()		Hm Pg	Authorization Desired?		
(4) Name of Emergency Contact	Telephone No.		MAIL MAIL			s," Enter Contact's Social Security No.
	()		Wk Mb Hm Pg	Account Modification [
(5) Name of Emergency Contact	Telephone No.		Tilling	Authorization Desired? [," Enter Contact's Social Security No.
Use separate sheet for up to five (5) additional contacts, as needed.	Total Tro.					
PASS WORD: DECEMBER 1 DECEMBER 2	nncel alarm	X SIGNA	TURE O	F SUBSCRIBE	R	/ / DATE
7 ass word to be given to monitoring station when calling to verify of ca	OFFICE US		TOILE	OODOONIDE		DAIL
SIGNAL ZONE ZONE DESCRIPTION	OFFICE US		ZONE	ZONE DESCRIPTI	ON	
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