

Residential
 Commercial

Please Print Legibly

ALARM MONITORING AGREEMENT

Subscriber Name _____ Sub-Division or Mall _____ Address _____ City _____ State _____ Zip _____ () () Telephone Number _____ Fax Number _____ E Mail _____	Account # _____ Recvr/Line _____ Panel MFG. _____ Model # _____ Panel Phone # () _____ Sig Format _____ Pass Code _____ Duress Code _____
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AUTHORITIES

	Dispatch Authority	24 Phone # (No 911)	Permit Number	Test Frequency
PD				<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <small>If not received notify dealer via:</small> <input type="checkbox"/> Phone <input type="checkbox"/> e-mail
FD				

ALARM CODES & RESPONSES Attach additional Zone Sheet if required

Code	Alarm Type	Description	V	D	S	N	I	W

Dispatch Order

Verify
 Dispatch
 Security - Guard Service
 Notify
 Installer

Phone Call
 e-mail

Wait Signal
 A Supervisory, Trouble, AC Power Failure or Low Battery may only be held for up to the following while awaiting a restore.

15 30 60

If restore is not received within time action will be taken.

CONTACTS TO NOTIFY - Numbers indicate the order contacts will be called

Phone Type = H - Home C - Cell W - Work etc

#	Contact	Phone #	Type	#	Contact	Phone #	Type
1		()		5		()	
2		()		6		()	
3		()		7		()	
4		()		8		()	

SPECIAL INSTRUCTIONS - Enter any instructions that are different than standard handling procedures

You agree to the Agreements and Understandings printed on the FRONT and BACK and acknowledge that YOU have read and understand them and that no changes have been made to this pre-printed form. YOU agree that Central Station is not an insurer and that Central Station's liability is specifically limited by the Agreements and Understandings.

Subscriber Authorized Signature	Subscriber Name (please print)	Title	Date
Dealer Authorized Signature	Dealer Name (please print)	Title	Date
Monitoring Partners Authorized Signature			Date