

OPEN CLOSE SCHEDULE

Use of this form requires a signed Alarm Monitoring Agreement to be on file or submitted with this form.

DEALER / SUBSCRIBER INFORMATION

Dealer Number _____ Dealer Name _____ Account Number _____ Subscriber Name _____

REPORTING
 Open Close Reports Y N Frequency Weekly Monthly Method Fax e mail

ACCOUNT SUPERVISION
 Advise premise and notification list of the following - (check those that apply)
 Early to Open Early to Close
 Late to Open Late to Close

WEEKLY SCHEDULE Please provide all times in military (24 Hour) convention or with AM / PM carefully noted.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
1st OPEN TIME							
1st CLOSE TIME							
2nd OPEN TIME							
2nd CLOSE TIME							
OPEN WINDOW							
CLOSE WINDOW							

HOLIDAY SCHEDULE INFORMATION

USER & PASS CODE INFORMATION

SPECIAL HOURS

USER INFORMATION

HOLIDAYS OBSERVED	OPEN TIME	CLOSE TIME	USER #	AUTHORIZED USER NAME	PASS CODE
New Years Eve	<input type="checkbox"/> Closed				
New Years Day	<input type="checkbox"/> Closed				
Martin Luther King Day	<input type="checkbox"/> Closed				
Presidents Day	<input type="checkbox"/> Closed				
Columbus Day	<input type="checkbox"/> Closed				
Good Friday	<input type="checkbox"/> Closed				
Easter	<input type="checkbox"/> Closed				
Memorial day	<input type="checkbox"/> Closed				
July 4th	<input type="checkbox"/> Closed				
Veterans Day	<input type="checkbox"/> Closed				
Labor Day	<input type="checkbox"/> Closed				
Rosh Hashanah	<input type="checkbox"/> Closed				
Yom Kippur	<input type="checkbox"/> Closed				
Thanksgiving Day	<input type="checkbox"/> Closed				
Day after Thanksgiving	<input type="checkbox"/> Closed				
Hanukkah	<input type="checkbox"/> Closed				
Christmas Eve	<input type="checkbox"/> Closed				
Christmas Day	<input type="checkbox"/> Closed				
	<input type="checkbox"/> Closed				
	<input type="checkbox"/> Closed				
	<input type="checkbox"/> Closed				

PLEASE SUBMIT A NEW HOLIDAY SCHEDULE EVERY YEAR IF DIFFERENT THAN PREVIOUS YEAR

SIGNATURES

Subscriber Authorized Signature of Acceptance _____ Subscriber Name (please print) _____ Title _____ Date _____

Dealer Authorized Signature of Acceptance _____ Dealer Name (please print) _____ Title _____ Date _____

Monitoring Partners _____ Last edited 1-1-2005 _____ Date _____