



# NEW SUBSCRIBER DATA FORM

COMPLETE ALL FIELDS BEFORE FAXING THIS FORM

Fax both pages to 310-392-0548

**PLEASE PRINT NEATLY!**

## SUBSCRIBER INFORMATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

NEAREST CROSS STREET TO PREMISES LOCATION \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PRIMARY PREMISES PHONE NUMBER \_\_\_\_\_ SECONDARY PREMISES PHONE NUMBER \_\_\_\_\_

ALARM PERMIT NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

PASSCODE (10 characters maximum)—do not use someone's name or the name of the account. Anyone using this passcode will be considered authorized to use the system. If this is a commercial account and the customer wishes user passcodes, see page 2.

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CHECK ONE: RESIDENTIAL:  COMMERCIAL:

## ALARM COMPANY INFO

ACCOUNT # (must be 6 digits, including line #) \_\_\_\_\_

DATE \_\_\_\_\_

ALARM COMPANY NAME and DEALER # \_\_\_\_\_

SECURITY REPRESENTATIVE \_\_\_\_\_

PANEL MAKE AND MODEL # (required) \_\_\_\_\_

REPORTING FORMAT (required) \_\_\_\_\_

INSTALLER or ACCESS CODE (required) \_\_\_\_\_

TWO-WAY VOICE TYPE (leave blank if none) \_\_\_\_\_

## CALL LIST:

NAME <small>List the order that emergency contacts are to be called.</small>	PHONE NUMBER <small>Please include area code</small>	TYPE <small>bus., home, pager...</small>	RELATION TO OWNER <small>(neighbor, relative, friend, etc.)</small>	KEY <small>to premises?</small>

## DISPATCH PHONE NUMBERS (please list below if you have these numbers):

POLICE: \_\_\_\_\_ FIRE: \_\_\_\_\_ PARAMEDICS: \_\_\_\_\_

GUARD: \_\_\_\_\_ PHONE #: \_\_\_\_\_ GUARD ONLY  GUARD & PD

NOTE: To help reduce possible false alarms, the Customer will be called first on all signals received, other than on duress/hold-ups and commercial fire alarms. If no answer or if proper passcode is not given, the proper authority will be dispatched. **Indicate here if there are any special instructions:**

\_\_\_\_\_

**FOR SECURITY CENTER USE ONLY**      DATE SYSTEM TESTED: \_\_\_\_\_

PD CODE: \_\_\_\_\_ FD CODE: \_\_\_\_\_ MED. CODE: \_\_\_\_\_

ACCOUNT ENTERED BY: \_\_\_\_\_ DATE: \_\_\_\_\_





# SUBSCRIBER CHANGES

COMPLETE THE TOP BOX, AND ENTER *ONLY* THE CHANGES REQUESTED. PLEASE FAX TO THE CENTER AT 310-392-0548

DEALER NAME	DEALER #	CHANGES AUTHORIZED BY (signature)
CUSTOMER NAME	NEW CUSTOMER NAME (if changed or is takeover)	
ACCOUNT NUMBER	NEW ACCOUNT NUMBER (if changed)	

NEW ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NEW PRIMARY PREMISES PHONE # \_\_\_\_\_ NEW SECONDARY PREMISES PHONE # \_\_\_\_\_ NEW PASSCODE (10 characters maximum):

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ALARM PERMIT NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

NEW PANEL TYPE (if changed) \_\_\_\_\_ REPORTING FORMAT (if changed) \_\_\_\_\_ TWO-WAY ADDED OR DELETED? \_\_\_\_\_

### CALL LIST UPDATES:

<u>NAME</u>	<u>PHONE NUMBER</u> <small>including area code</small>	<u>TYPE</u> <small>bus., home, pager...</small>	<u>RELATION TO OWNER</u> <small>(neighbor, relative, friend, etc.)</small>	<u>KEY</u> <small>to premises?</small>

### ZONE LIST UPDATES:

<u>ZONE #</u>	<u>REPORTS AS</u>	<u>DESCRIPTION</u>

### USER LIST UPDATES:

<u>USER #</u>	<u>NAME</u>	<u>CODE</u>

OTHER CHANGES (attach blank sheet for further changes, as needed): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CHANGES ENTERED BY: \_\_\_\_\_



fax this form to:  
310-392-0548

## CANCELLATION REQUEST

This form is to be used to cancel wholesale monitored accounts. Complete this top section and fax to our Center. We will in turn fax back a confirmation that this account has been received and canceled.

Failure to use this form may result in a delay or failure to process your request. All cancels will be processed within 24 hours of receiving your fax. You are responsible for ensuring that your accounts are canceled in a timely manner. If you do not receive a return fax within 5 business days, please call our office at 800-821-8200. We will not honor any requests to retroactively cancel any accounts over 7 days. Those dealers without a fax number on file will not receive a return confirmation of their cancel.

DEALER NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

ACCOUNT NAME: \_\_\_\_\_

AUTHORIZED BY: \_\_\_\_\_  
SIGNATURE REQUIRED

## RETURN CONFIRMATION and RECEIPT

This is to confirm that we have received your cancellation for the above-mentioned account, and that service to this account was canceled as of the date we received your fax. Keep this for your records.

DATE RECEIVED: \_\_\_\_\_

CANCEL PROCESSED BY: \_\_\_\_\_  
DISPATCHER'S NAME

### FOR SECURITY CENTER USE ONLY

DELETED IN ALARM: \_\_\_\_\_  
INITIALS

DELETED IN BILLING: \_\_\_\_\_  
INITIALS