



Alarm Monitoring Service Directions

Please Complete the customer name, address, email address and phone number. We will use this information to confirm the account to be modified and may contact you through this information to confirm changes.

Customer Identification Number: _____
 Street Address: _____
 City: _____
 Premise Phone Number: _____
 Customer E-Mail Address: _____

Premise Name: _____
 Cross Street: _____
 Postal Code: _____
 Premise After Hours Phone Number: _____

Contacts – To be called in the event of an Alarm, Trouble or Supervisory Condition

ID	Customer Contact	Phone Number 1	Type	Phone Number 2	Type	E-Mail	Password
1							
2							
3							
4							
5							
6							

Notifications – To receive Text Notifications of events, please provide mobile number & indicate which events are to be sent.

Name	Mobile Number	O/C	BUR	FIR	TRBL	SUP

* - Please note that SMS/Text Message delivery is not guaranteed. SMS/Text messages are generated and sent automatically, however may fail to be received by the recipient for reasons beyond our control, including cellular network provider failure, or recipient being in a geographical area with inadequate cellular coverage.

Alarm User Information – Please provide a list of names of persons using the alarm system if not listed above

Name	Password	Name	Password

Your security system will continually monitor the condition of the standby battery and other critical alarm panel functions. In the event of a problem with the system, the keypad may sound to notify you of a problem and trouble signals will be transmitted to the Signal Receiving Center.

I have reviewed the above information and understand the procedures to be followed. I certify that I have the permission of those individuals whose name and contact information has been provided above, to be contacted in the event of an emergency and that the information is protected by the Canadian Privacy Act.

Signed

Print Name

Date