

CONTACTS LIST AUTHORIZATION

Date:
Owner/ Business Name:
Account No.:
Service Address:
In case our alarm system goes off, please contact the following parties below:
1
(Name, Relationship, Phone Type (e.g. home, cell or work), and Phone No.)
2.
(Name, Relationship, Phone Type (e.g. home, cell or work), and Phone No.)
3. Authority (Police)
4.
(Name, Relationship, Phone Type (e.g. home, cell or work), and Phone No.)
5
(Name, Relationship, Phone Type (e.g. home, cell or work), and Phone No.) 6.
(Name, Relationship, Phone Type (e.g. home, cell or work), and Phone No.)
7
(Name, Relationship, Phone Type (e.g. home, cell or work), and Phone No.)
<u>Optional:</u>
I/ We, choose not to have police dispatch until I/We o
any of the parties listed above is reached and authorized to do so. Please put my/our alarm
system on call back option #6.
Owner Signature(s):
Owner Name(s):
By signing below, owner(s) are aware of the contact orders and changes made to the accorabove:
Owner Approval Signature: