



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.)

Optional:

I/ We _____, choose not to have police dispatch until I/We or 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 account above:

Owner Approval Signature: _____