



Atlantic Protective Services, Inc.

Date _____

Name _____ Phone Number for _____

Address _____ Alarm Verification (_____) _____

City _____ State _____ Zip _____ Password _____

Sub Division _____ Cross-Street _____

Email for office/business correspondence _____

Contact List	Phone #1	Phone #2
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Special Instructions _____

Burglary Response Options (Check One)

- STANDARD PROCEDURE:** Central Station will call the location from which the alarm was received to verify the validity of the alarm. If unable to confirm it is a false alarm, the police will be immediately notified.
- VA DCJS Regulation # 6 VAC 20-171-230, paragraph 16:** ... attempt to verify the legitimacy of a burglar alarm activation by calling the site of the alarm, if unable to make contact, call one additional number provided by the alarm user who has the authority to cancel the dispatch. (This shall not apply if the alarm user has provided written authorization requesting immediate or one call dispatch to both their local police department and their dealer of record). This shall not apply to duress or hold-up alarms...

I understand that the above information will be used by the Central Station to verify alarms, dispatch police/fire/rescue services, and notify me or my representative in the event that my security system transmits an alarm signal to the Central Station. It is my responsibility to inform all users in the proper operation of my security system. It is also my responsibility to inform the Central Station, IN WRITING, of any desired changes to the above information.

Central Station will follow the **STANDARD PROCEDURE** for burglary alarm response unless otherwise directed by the customer.

Customer's Signature _____

Office Use Only		Sales Rep _____	Fire Protection?		
CSID _____	Control Panel _____	_____	Test Signals:	None	Yes No
Comm. Format _____	Cellular Communicator? Yes No	_____	Open/Closings?	No	Daily Weekly
Panel Phone # _____	_____	_____	_____	Rpts Supv	Wkly / Monthly
01 _____	_____	09 _____	_____	_____	_____
02 _____	_____	10 _____	_____	_____	_____
03 _____	_____	11 _____	_____	_____	_____
04 _____	_____	12 _____	_____	_____	_____
05 _____	_____	13 _____	_____	_____	_____
06 _____	_____	14 _____	_____	_____	_____
07 _____	_____	15 _____	_____	_____	_____
08 _____	_____	16 _____	_____	_____	_____



Atlantic Protective Services, Inc.

Name _____	CSID _____
17 _____	33 _____
18 _____	34 _____
19 _____	35 _____
20 _____	36 _____
21 _____	37 _____
22 _____	38 _____
23 _____	39 _____
24 _____	40 _____
25 _____	41 _____
26 _____	42 _____
27 _____	43 _____
28 _____	44 _____
29 _____	45 _____
30 _____	46 _____
31 _____	47 _____
32 _____	48 _____

Contact List

Phone #1

Phone #2

6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Special Instructions
