

Name/Business Name _____ Date _____

Address _____ Is there a phone at this location? # _____

City _____ State _____ Zip _____

Subdivision _____ Cross Street _____

eMail _____ Password _____

	Name	Phone #1	Phone #2	Call before Dispatching Police – Fire – Medical
①	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
②	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
③	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Special Instructions _____

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.

Customer's Signature

**PLEASE TURN OVER
FOR INSTRUCTIONS**

Box below for office use only!

Receiver _____	Account Rep _____	Fire Protection _____	Yes – No
TX ID _____	Panel Type _____	Test Cycle _____	Daily – Weekly – Monthly
Format _____	Comm. Phone # _____	Cell. Comm? _____	Yes – No
1 _____	9 _____		
2 _____	10 _____		
3 _____	11 _____		
4 _____	12 _____		
5 _____	13 _____		
6 _____	14 _____		
7 _____	15 _____		
8 _____	16 _____		

700 South Military Highway, Virginia Beach, VA 23464

Instructions for completing the

Monitoring Information Form

Name: Please enter the name the police/fire/EMS service will need to find you. For a business, please enter the name displayed at the business, NOT the corporate name or the name of an owner, etc. If this is residence, please enter the name of the people who actually LIVE at the residence.

Address: The address you enter here is where we will send the police, fire, and/or medics when your alarm is triggered, so please enter the actual physical address to the protected property. If you have a different mailing address (PO box, etc), you may provide that elsewhere.

Location Phone: If there is a landline phone at the protected property, please provide that number. We will attempt to verify burglary alarms and smoke detector alarms by calling this number BEFORE dispatching the emergency services. Most other alarms are NOT normally verified; these include holdup buttons, the keypad panic buttons, and any fire alarms except smoke detectors (sprinkler systems, pull stations, etc). If you need special handling of alarm verification calls, please indicate that in the area for “special instructions” at the bottom of the form.

Subdivision: Please enter the name of your city subdivision or neighborhood. This can help the emergency services find you faster.

Cross-Street: Please enter the name of the CLOSEST street which intersects (crosses) YOUR street.

eMail: This eMail address will ONLY be used for billing or other “office” correspondence. The monitoring station will NOT contact you by email, and your address will NEVER be shared with ANYONE outside our company for any reason.

Password: The password is a VERBAL word, number, or phrase that the Monitoring Station will use to identify you on the phone. You will be **REQUIRED** to provide the password in order to cancel an alarm, place your account on test, or do anything else that only YOU should be allowed to do. It should NOT be the same as your keypad code, nor should it be something easy to guess, like your name or street address, or telephone number. But don't make it something you won't be able to remember, either!

Contact List: Please provide names and phone numbers for up to three people to be notified in case of an alarm. Please note whether each phone number is a **Work, Home, or Mobile** number. For each person, please indicate whether they should be called BEFORE dispatching Police, Fire, or Medical services, by marking the appropriate checkbox. To reduce unnecessary dispatches, we recommend having at least one responsible person be called prior to dispatching emergency responders.

Special Instructions: Use this area to provide any other useful information. Examples include “hide-a-key” locations, gate entry codes, special medical needs, notes about pets, children, or elderly residents, or anything else the monitoring station would need to pass on to an emergency responder.

Don't forget to sign in the space provided on the front, and you'll be done!