

STATE ALARM SYSTEMS
ALARM NOTIFICATION

SYSTEM # _____ NAME _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ PHONE _____ FAX _____

WEBSITE _____ EMAIL ADDRESS _____

POLICE DISPATCH _____ FIRE DISPATCH _____

MEDICAL DISPATCH _____ GUARD DISPATCH _____

AUTHORIZED NOTIFICATION & USERS LIST

NAME _____ HOME _____ CELL _____

CODE _____ EMAIL _____ OTHER _____

Permissions: Can Cancel alarm Can put system on Test Can Edit customer information (codes, contact information, etc.)
Open/Close (*Open/Close applies only if the schedule is Supervised*): ANYTIME WITHIN SCHEDULE ONLY CLOSE ONLY

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OPEN/CLOSE SCHEDULE

SUPERVISE OPEN/CLOSE SCHEDULE: YES NO (IF YES PLEASE PROVIDE SCHEDULE)

OPEN/CLOSE TIMES

HOLIDAYS: OPEN _____ CLOSE _____

	OPEN	CLOSE
MON	_____	_____
TUE	_____	_____
WED	_____	_____
THU	_____	_____
FRI	_____	_____
SAT	_____	_____
SUN	_____	_____

HOLIDAY	<input type="checkbox"/> CLOSED	<input type="checkbox"/> OPEN
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

NOTIFY IF SYSTEM IS:

LATE-TO-OPEN YES NO
 LATE-TO-CLOSE , YES NO

ACTIVITY REPORTS:

SUBSCRIBE TO ACTIVITY REPORTS: YES NO WEEKLY BI-WEEKLY MONTHLY BI-MONTHLY

EMAIL REPORTS TO: _____ OR FAX REPORTS TO: _____

SPECIAL INSTRUCTIONS:

PLEASE NOTE ANY SPECIAL INSTRUCTIONS OR COMMENTS BELOW:

 CUSTOMER SIGNATURE

 DATE

This list contains persons who are authorized either for notification purposes or are users permitted to enter the premises at any time unless otherwise specified. Those persons having a phone number listed will be added to the contact list and will be notified of any alarm or trouble condition 24 hours a day throughout the year. State Alarm will notify only one of these persons and will attempt notification in the order listed. Those persons listed without a phone number will be authorized to enter the premises and verify their identity with the code or password specified. *INFORMATION ON THIS FORM WILL BE ENTERED IN OUR COMPUTER DATABASE AND WILL BE USED TO RESPOND TO ANY ALARM ACTIVATION. PLEASE ENSURE THE INFORMATION IS ACCURATE. ALL PERMANENT FUTURE CHANGES ARE TO BE SENT TO US IN WRITING.*