

CIA SECURITY – SUBSCRIBER DATA SHEET

COMPLETE AND RETURN VIA FAX TO (845) 896-8887 OR REGULAR MAIL ONLY

LOCATION WHERE ALARM IS INSTALLED:

NAME: _____

STREET: _____

CITY: _____

STATE: _____ ZIP: _____

PREMISE PHONE #1: _____

PREMISE PHONE #2: _____

(IF APPLICABLE)

PASSWORD: _____

PLEASE SELECT A WORD EASILY REMEMBERED, AS IT WILL BE USED TO IDENTIFY YOU AS AN AUTHORIZED USER.

DIRECTIONS TO LOCATION: (MILEAGE FROM NEAREST CROSS STREET) _____

ACCT# (CO USE ONLY): _____ - _____

SERVICE ACCOUNT #: _____

BILLING ADDRESS: (IF DIFFERENT FROM ALARM LOCATION)

NAME: _____

STREET: _____

CITY: _____

STATE: _____ ZIP: _____

BILLING PHONE NUMBER: _____

PLEASE WRITE DOWN THE NAMES AND TELEPHONE NUMBERS OF PEOPLE TO BE NOTIFIED IN THE EVENT OF AN ALARM. PLACE THEM IN ORDER IN WHICH YOU WISH THEM TO BE NOTIFIED. (INDICATE WORK NUMBERS OR SPECIAL HOURS AND IF THEY HAVE ACCESS WITH A KEY.)

	<u>NAME</u>	<u>TELEPHONE NUMBERS</u>	<u>KEY?</u>
1.	_____	_____	Y OR N
2.	_____	_____	Y OR N
3.	_____	_____	Y OR N
4.	_____	_____	Y OR N
5.	_____	_____	Y OR N
	OIL OR GAS COMPANY: _____	_____	Y OR N
	(IF APPLICABLE)		

FIRE DEPT: _____ POLICE DEPT: _____

IF YOUR SYSTEM HAS LOW TEMPERATURE MONITORING, WHOM DO WE NOTIFY?

- LOCATION/BACKUPS 24 HOURS PER DAY
- LOCATION/BACKUP BETWEEN ____AM AND ____PM ONLY
- OIL/GAS COMPANY – WHAT HOURS: _____
- OTHER _____

IF YOU HAVE A RADIO BACKUP SYSTEM THAT SENDS RADIO FAILURES, WHOM DO WE NOTIFY?

- LOCATION/BACKUPS 24 HOURS PER DAY IMMEDIATELY
- LOCATION/BACKUPS 24 HOURS PER DAY ONLY IF NOT RESTORED WITHIN 1 HOUR.
- LOCATION /BACKUP BETWEEN ____AM AND ____PM IMMEDIATELY.
- LOCATION /BACKUP BETWEEN ____AM AND ____PM ONLY IF NOT RESTORED WITHIN ONE HOUR
- OTHER _____

CUSTOMER SIGNATURE: _____ DATE: _____

PLEASE PRINT NAME: _____ *RETURN VIA FAX OR REGULAR MAIL ONLY -DO NOT SEND VIA E-MAIL