



SUBSCRIBER DATA SHEET

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ACCT # _____ STRESS CODE _____ TIME ZONE: E C M P A H P <input type="checkbox"/> E <input type="checkbox"/> Y <input type="checkbox"/> Q <input type="checkbox"/> CHECK HERE FOR DATA VALIDATION PKG <input type="checkbox"/>	PASSCODES/PASSWORDS (3-10 CHARACTERS) (_____) (_____) (_____) (_____) (_____) (_____) (_____) (_____)	AUTOMATIC TEST — CIRCLE ONE WEEKLY DAILY MONTHLY
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SUBSCRIBER NAME:		COMMERCIAL <input type="checkbox"/>	RESIDENTIAL <input type="checkbox"/>
ADDRESS:		APT./STE./BLDG./FLR #	
LOCATION/DIRECTIONS:			
CITY:	STATE:	ZIP CODE:	
SUB. PRIMARY PHONE #:		SUB. SECONDARY PHONE#:	
POLICE/CITY PERMIT #:			
DEALER #:	DEALER PHONE #:	MONITOR START DATE:	
EQUIPMENT:			

CALL LIST: (PARTIES WILL BE CALLED IN SEQUENCE UNTIL REACHING _____ OF THEM) <small>ADDITIONAL ENTRIES CAN BE MADE ON ADDENDUM FORMS AVAILABLE FROM THE DATA ENTRY DEPARTMENT</small>							
DESCRIPTION	NAME	PRIMARY PHONE	HOME, WORK, CELL?	SECONDARY PHONE	HOME, WORK, CELL?		
PARTY 1		() -		() -			
PARTY 2		() -		() -			
PARTY 3		() -		() -			
PARTY 4		() -		() -			
PARTY 5		() -		() -			
PARTY 6		() -		() -			
PARTY 7		() -		() -			
REQUIRED FOR ACTIVATION — AUTHORITY DISPATCH NUMBERS							
POLICE DISPATCH #:		() -	2ND PHONE				
FIRE DISPATCH #:		() -	2ND PHONE				
MEDICAL DISPATCH #:		() -	2ND PHONE				
OTHER DISPATCH #:		() -	2ND PHONE				
COMMERCIAL ACCOUNTS — VERIFY ALARM SIGNALS DURING BUSINESS HOURS ONLY							
Sample	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
(09:00)-OPEN	(__ : __)	(__ : __)	(__ : __)	(__ : __)	(__ : __)	(__ : __)	(__ : __)
(18:30)-CLOSE	(__ : __)	(__ : __)	(__ : __)	(__ : __)	(__ : __)	(__ : __)	(__ : __)
VERIFY ALARM SIGNAL ON THESE CONDITIONS: (__) (__) (__) (__) (__) (__) (__) (__)							

FORMAT: (REQUIRED FOR ACTIVATION)	
<input type="checkbox"/> 3+1/4+2	<input type="checkbox"/> Radionics/Modem II/III/IV/ BSFK <input type="checkbox"/> DMP <input type="checkbox"/> Contact ID <input type="checkbox"/> S.I.A.

** ENTER ALL CONDITION TRANSMISSION POSSIBILITIES: (CODE RANGES ARE ALLOWED I.E. 3 TO 8 = BURG)			
CODE TRANSMITTED TO EMERGENCY 24	DESCRIPTION/TYPE OF ALARM SIGNAL	CALLBACK OPTION	CALLBACK OPTIONS (CHOOSE ONE FOR EACH CODE)
			0 = A-P-C 13 = P TP
			1 = S-A-P-C 14 = S,NA;P
			2 = P-C 15 = S-P-C
			3 = C 16 = A-S-P-C
			4 = L 17 = SNA; PTP, A
			5 = S-C 18 = S,P,C
			6 = S-P 19 = PTP, A
			8 = P 17 AND 19 ARE
			9 = S,NA;PNA;C NOT ALLOWED
			10 = S,NA;C FOR
			11 = A FIRE OR MEDICAL
			12 = C TP ALARMS
			S = CUSTOMER L = LOG ONLY
			A = AUTHORITY NA = NO ANSWER
			P = PARTY TP = TOP PRIORITY
			C = INSTALLATION COMPANY

THIS AGREEMENT IS SUBJECT TO THE TERMS AND CONDITIONS SET FORTH IN THE MONITORING SERVICE AGREEMENT.

2016-12-20 Client Name: is what is on the SIGNAGE at the SITE: not the owner name. so it is: SITE NAME

Subscriber Initials _____