



999 E. Touhy Ave., Suite 500, Des Plaines, IL 60018 — TEL: (773) 777-0707 — TOLL FREE: (800) 877-3624
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ACCT # _____ STRESS CODE _____ TIME ZONE: E C <u>M</u> 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) ADDITIONAL ENTRIES CAN BE MADE ON ADDENDUM FORMS AVAILABLE FROM THE DATA ENTRY DEPARTMENT					S12301		
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							
<i>Sample</i>	<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>	<u>SATURDAY</u>	<u>SUNDAY</u>
(09:00)-OPEN	(__ : __)	(__ : __)	(__ : __)	(__ : __)	(__ : __)	(__ : __)	(__ : __)
(18:30)-CLOSE	(__ : __)	(__ : __)	(__ : __)	(__ : __)	(__ : __)	(__ : __)	(__ : __)
VERIFY ALARM SIGNAL ON THESE CONDITIONS: (__) (__) (__) (__) (__) (__) (__) (__)							

FORMAT: (REQUIRED FOR ACTIVATION)

☐ 3+1/4+2 ☐ Radionics/Modem II/III/IV/ BSFK ☐ DMP ☒ Contact ID ☐ 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.

2019-12-20 Client Name: is what is on the SIGNAGE at the SITE: not the owner name. so it is: SITE NAME

 Subscriber Initials _____