



ARCO SECURITY CENTRAL STATION, CORP.

Monitoring Burglar And Fire Alarm Systems

Type of Request

New Subscriber Change Information Cancellation

CUSTOMER INFORMATION NAME: _____ COMPANY NAME (If Applicable): _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ PRIMARY PHONE: () _____ SECONDARY: () _____ EMAIL: _____ FAX: _____	DATE: _____ PRIMARY CODE _____ Installer ID# _____ Company Name _____ Technician _____
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Basic Monitoring <input type="checkbox"/> Long Distance <input type="checkbox"/> AutoNotification* <input type="checkbox"/> PANEL: _____ FORMAT: _____ <small>* AutoNotification Monitoring Requires CID Format and signed waiver (see below)</small>	Basic Video <input type="checkbox"/> Supervised Video <input type="checkbox"/> Elevator System* <input type="checkbox"/> IP Communicator <input type="checkbox"/> Business <input type="checkbox"/> Residence <input type="checkbox"/> <small>*Elevator System must be programmed to (305) 227-2077</small>	Open/Close <input type="checkbox"/> Log Only <input type="checkbox"/> Call Premise <input type="checkbox"/> Supervised <input type="checkbox"/> Radio <input type="checkbox"/> AlarmNet <input type="checkbox"/> DSC <input type="checkbox"/> Telguard <input type="checkbox"/> Other: _____	Monthly Reports Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Signal Notification Email <input type="checkbox"/> SMS/TXT <input type="checkbox"/> Phone: _____ Carrier: _____ Email: _____ Signals: Alarm <input type="checkbox"/> Trouble <input type="checkbox"/> Restore <input type="checkbox"/> ALL <input type="checkbox"/>	Timer Test <input type="checkbox"/> Supervised TT <input type="checkbox"/> Interval: _____
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Contact Name	Contact Phone	Notes	Password
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

<p><u>AutoNotification Monitoring Information and Waiver</u></p> <p><input type="checkbox"/> By Selecting this option the Subscriber and the Installer both agree and understand that AutoNotification Monitoring is designed to ONLY notify the subscriber of signals received. No operator action will be taken, no other notification will occur, and authorities will NOT be dispatched. The Subscriber is responsible for notifying the Central Station if authorities need to be dispatched. Notifications will be transmitted to the Subscriber's email or mobile phone SMS. It is the responsibility of the Installer to notify and inform the Subscriber of this option and the process by which monitoring will be provided.</p> <p>Subscriber's preferred method of signal communication is as follows:</p> <p><input type="checkbox"/> Email: _____</p> <p><input type="checkbox"/> Mobile: _____</p> <p style="text-align: center;">Mobile Carrier _____</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Zone</th> <th style="width: 50%;">Description</th> <th style="width: 30%;">Other Information:</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Zone	Description	Other Information:				<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 15%;">M-F</th> <th style="width: 15%;">SAT</th> <th style="width: 15%;">SUN</th> <th style="width: 15%;">HOL</th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr> <td>OPEN</td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>CLOSE</td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		M-F	SAT	SUN	HOL		OPEN						CLOSE					
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<p><u>Fire Account Information (If Applicable)</u></p> <p><input type="checkbox"/> U.L. <input type="checkbox"/> FM <input type="checkbox"/> ETL</p> <p><input type="checkbox"/> F01 – Monitoring with Runner Service</p> <p><input type="checkbox"/> F02 – Local Account with Runner Service</p> <p><input type="checkbox"/> F03 – Monitoring NO Runner</p> <p><input type="checkbox"/> F04 – Local Account NO Runner</p>	Runner Tel: _____ Panel Location: _____ Panel Access: _____ Other: _____
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Subject to the terms and conditions stated on the master Alarm Company – Central Station Monitoring Agreement by and between Arco Security Central Station and Alarm Company.

Name _____ Signature _____	Alarm Company _____ Signature _____	Central Station Representative _____ Signature _____
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