



ARCO SECURITY CENTRAL STATION, CORP.

Monitoring Burglar And Fire Alarm Systems

FIRE ALARM SUBSCRIBER FORM

Subscriber Name _____

Subscriber Address _____

City _____

County _____

State _____

Installer Company _____

Site Primary Code _____ Secondary Code _____

Equipment Description

Fire Control Panel Manufacturer _____

Panel Model/Serial Number _____

Primary Communicator _____

Secondary Communicator _____

Transmission Format _____ (example CID, SIA, DMP, 4X2...)

Number of Devises

Smoke Detectors _____ Heat Detectors _____

Pull Stations _____ Duct Sensors _____

Strobes _____ Back FlowSensors _____

Horn Strobes _____ Others _____

Horns _____

Sprinkles Yes No

Certification UL FM ETL Runner Service Yes No

Signal Type sto be monitored (check all that apply)

Fire Alarm Fire Trouble Supervisory AC Restore Other _____

Special Instructions:

Installer Company Representative

Subscriber

Date _____

Date _____

Name _____

Name _____

Sign _____

Sign _____