

Company/Contact Information for Fire Alarm and/or Security Monitoring Agreement

<p>MONITORING INFORMATION:</p> <p>Building Name: _____</p> <p>Physical Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone #: _____</p>	<p>BILLING INFORMATION:</p> <p>Company Name: _____</p> <p>Billing Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone #: _____</p>
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Business Hours:	Open	Close
Monday:	_____	_____
Tuesday:	_____	_____
Wednesday:	_____	_____
Thursday:	_____	_____
Friday:	_____	_____
Saturday:	_____	_____
Sunday:	_____	_____

Please list the individuals who should be called in case of a fire alarm emergency. The first contact listed would usually be the business office during normal business hours. Contact #2 would be the 1st individual you want to respond, then contact #3 etc.

	Name	Phone Number	Identify if phone number is home, cell, pager or other:
Contact #1:	Building Office		Office
Contact #2:			
Contact #3:			
Contact #4:			
Contact #5:			
Contact #6:			
Contact #7:			

This information will be transferred to a Subscriber Monitoring Agreement which will need to be signed by an authorized agent of the Company. Please identify the agent authorized to sign the agreement as well as a person on-site that we can contact regarding issues with the fire alarm monitoring:

Authorized Agent 's Name _____

Monitoring Contact Name: _____

Authorized Agent 's Phone: _____

Monitoring Contact Phone: _____

Authorized Agent 's E-Mail: _____

Monitoring Contact E-Mail: _____

Completed by: _____

Date: _____