



SUBSCRIBER RECORD

Please Print or Type

* You can Mail or Fax this form to us at 11680 S. Harrells Ferry, Baton Rouge, LA 70816 Fax # 225-292-9292

* You can also E-Mail to iroshto@allied-systems.com

For Office Use Only

NAME _____ S.S. Number _____ Work Phone Number _____

Spouse/Other Name _____ S.S. Number _____ Work Phone Number _____

Residential Address _____ Street _____ City _____ State _____ ZIP _____

Premise Phone Number: () - -

1. When an alarm (other than a panic or duress) occurs, do you want the **PREMISE CALLED FIRST**? Yes No Yes No
3. Do you have Call Waiting? Yes No
4. Do you have Call Forwarding? Yes No
2. Do you have an Answering Machine on your phone? Yes No

RESPONDER CALL LIST We will mail them an instruction/Thank You letter. Please include applicable pagers, cell phones, work phones, etc.

| List in exact order you want them called | (Area Code) Phone Number | Title / Extension |
|--|--------------------------|-------------------|
| 1. Name: Address: | () - | |
| 2. Name: Address: | () - | |
| 3. Name: Address: | () - | |
| 4. Name: Address: | () - | |
| 5. Name: Address: | () - | |
| 6. Name: Address: | () - | |

What is your Pass Code or Password? _____
 (code you will give to Monitoring Station when you test your system or when there is a False Alarm)

We do not want your arming/disarming code. Generally you will give your arming/disarming code only to persons who have a key to your house. You may also choose for them to have you **PASSCODE** or **PASSWORD**.

The above information is current as of _____ (Date). I understand that any future changes to my Call List **MUST BE IN WRITING**.

Signed _____ (Person authorized to make changes to call list) Print Name _____ E-mail address _____