



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
- 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 _____