

ALARM SYSTEM CERTIFICATE-No. _____

Name: _____

Address: _____

City, State, Zip: _____

Date of Installation: _____

The following Protection is provided by the Security Equipment:

- | | | |
|--|---|---|
| <input type="checkbox"/> Burglary Protection | <input type="checkbox"/> Medical Emergency Protection | <input type="checkbox"/> Fire Protection |
| <input type="checkbox"/> AFD Glassbreak Protection | <input type="checkbox"/> Low Temperature Protection | <input type="checkbox"/> Carbon Monoxide Protection |
| <input type="checkbox"/> Panic/Holdup Protection | <input type="checkbox"/> Flood/High Water Protection | <input type="checkbox"/> LP Gas Leak Protection |

Additional Protection:

☐ _____ ☐ _____ ☐ _____

The following Special Monitoring Services are provided:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Cellular Communication | <input type="checkbox"/> IP/Internet Monitoring | <input type="checkbox"/> Video Protection | <input type="checkbox"/> Elevator Monitoring |
| <input type="checkbox"/> Maintenance Repair Service Agreement | <input type="checkbox"/> Yes <input type="checkbox"/> No | Expiration Date: _____ | |

Additional Monitoring Services:

☐ _____ ☐ _____ ☐ _____

Alarm Installation Company:

Company Name: _____

Address: _____

City, State, Zip: _____

Name: _____

Authorized Signature: _____

Title: _____ Date: _____