

# 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: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_