

Turnkey Enterprises Contracting Co., Inc. Subscriber Data Sheet (Schedule B) Monitoring Agreement

COMPLETE AND RETURN VIA FAX TO (845)744-5838 OR REGULAR MAIL ONLY

LOCATION WHERE ALARM IS INSTALLED:

NAME: _____

STREET: _____

CITY: _____

STATE: _____ ZIP: _____

PREMISE PHONE #1: _____

PREMISE PHONE #2: _____

PANEL PHONE # _____

PASSWORD: _____

PLEASE SELECT A WORD EASILY REMEMBERED, AS IT WILL BE USED TO IDENTIFY YOU AS AN AUTHORIZED USER.

DIRECTIONS TO LOCATION: (MILEAGE FROM NEAREST CROSS STREET) _____

ACCT# (TECCI use only)

SERVICE ACCOUNT #: _____

BILLING ADDRESS: (IF DIFFERENT FROM ALARM LOCATION)

NAME: _____

STREET: _____

CITY: _____

STATE: _____ ZIP: _____

TYPE OF PANEL: _____

BILLING PHONE NUMBER: _____

PLEASE WRITE DOWN THE NAMES AND TELEPHONE NUMBERS OF PEOPLE TO BE NOTIFIED IN THE EVENT OF AN ALARM. PLACE THEM IN ORDER IN WHICH YOU WISH THEM TO BE NOTIFIED. (INDICATE WORK NUMBERS OR SPECIAL HOURS AND IF THEY HAVE ACCESS WITH A KEY.)

	<u>NAME</u>	<u>TELEPHONE NUMBERS</u>	<u>KEY?</u>
1.	_____	_____	Y OR N
2.	_____	_____	Y OR N
3.	_____	_____	Y OR N
4.	_____	_____	Y OR N
5.	_____	_____	Y OR N
6.	_____	_____	Y OR N

FIRE DEPT: _____

(Local Number Only)

POLICE DEPT: _____

(Local Number Only)

CUSTOMER SIGNATURE: _____ **DATE** _____

PLEASE PRINT NAME: _____ ***RETURN VIA FAX OR REGULAR MAIL ONLY-DO NOT SEND VIA E-MAIL**