

## **SUBSCRIBER UPDATE**

Directions, if you know your account number, please fill it in below, otherwise, leave this blank and we will fill it in from your name and address information below.

**ACCOUNT NUMBER** \_\_\_\_\_

**Allied Security Group, Inc.**

## **SUBSCRIBER INFORMATION**

DIRECTIONS, please list your name, the address of your home where we are providing monitoring service, and the phone number of the home where we are providing service.

RESIDENCE/BUSINESS NAME: \_\_\_\_\_ DATE \_\_\_\_\_

Last

First

Middle

ADDRESS: \_\_\_\_\_ SUITE/APT.# \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE NO.: \_\_\_\_\_

## **FALSE ALARM CODE UPDATE**

Directions, if you wish to add a FALSE ALARM code, or change your existing one, please check the appropriate box.

PLEASE  ADD the following false alarm code.

PLEASE  CHANGE our false alarm code to the following:

FALSE ALARM CODE: (up to 12 letters) \_\_\_\_\_

(This is the word you use to identify yourself with the Central Station to cancel alarms or update information.)

## **CALL LIST UPDATE**

Directions, if you need to make changes to your call list, please check the box below and list the names and phone numbers, including area codes. Please list them in the order you want them called.

Please update my call list as follows:

AUTHORIZED INDIVIDUALS TO BE NOTIFIED

Name	Phone Number	Name	Phone Number
1. _____ ( ) _____		5. _____ ( ) _____	
2. _____ ( ) _____		6. _____ ( ) _____	
3. _____ ( ) _____		7. _____ ( ) _____	
4. _____ ( ) _____		8. _____ ( ) _____	

## **2<sup>nd</sup> CALL VERIFICATION**

Directions, we need an additional phone number to be called PRIOR to dispatching the Police Department to reduce false alarms, please list this below. This will delay dispatching of intrusion alarms, but will lower the chance of false alarms. This number can be a cell phone or second residence. Please make sure that the person listed has the authority to cancel an alarm and knows specific activities that may be taking place at the property, such as housekeepers, maintenance personnel or real estate showings.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
( ) \_\_\_\_\_

**Please make the changes listed above to my account.**

PLEASE SIGN BELOW:

X \_\_\_\_\_  
Customer Signature

**You may FAX this form to (970) 668-6015, Email to AlliedSecurity@Q.com or mail to Allied Security Group, P.O. Box 7098, Breckenridge, CO 80424.**

**THANK YOU!**