

ALARM DATA SHEET

START MONITORING ON (DATE) _____

DEALER USE _____

SUBSCRIBER OR DEALER LIC./REG. # _____

REC. # _____ ACCOUNT # _____

This Agreement is made this _____ day of _____ 2 0 0 _____ by and between Lydia Security Monitoring, Inc. a/b/a/Central Office Processing Services ("Company"), and

NAME _____ ("Subscriber")

MONITORED ADDRESS _____ ("Premises")

CITY _____ TOWNSHIP _____ STATE _____ ZIP CODE _____

Call To Verify Phone No. 1: (_____) _____ - _____ Call To Verify Phone No. 2: (_____) _____ - _____

In consideration of and subject to the terms and conditions hereinafter set forth, Company agrees to monitor and Subscriber agrees to permit Company to monitor a **commercial or residential** signaling system ("System" or "Security Systems") in Subscriber's Premises as a subcontractor of Dealer Name _____

ACCOUNT IS A U.L. CERTIFIED ACCOUNT FOR FM CERTIFIED ACCOUNT FOR BURG. FIRE DEALER # _____

PASS CODES: _____ / _____ / _____

COMMENTS: _____

ACCT. TYPE: COMMERCIAL RESIDENTIAL

FORMAT: _____

PANEL TYPE: _____

2-WAY VOICE MODULE: _____

AUTHORITY REF #

LIST IN ORDER AGENCIES OR AUTHORITIES TO BE NOTIFIED (HEREINAFTER "DESIGNATED PERSONS") CHECK P=POLICE, F=FIRE, M=MEDICAL, OR A=AUXILIARY

PHONE #:

- P1 F1 M1 A1 Call: _____ @ (_____) _____
- P2 F2 M2 A2 Call: _____ @ (_____) _____
- P3 F3 M3 A3 Call: _____ @ (_____) _____

RESP. PARTY REF #

LIST IN ORDER RESPONDING PARTIES TO BE NOTIFIED UPON RECEIPT OF SIGNALS FOR LISTED CODES (HEREINAFTER "DESIGNATED PERSONS")

KEY: H = HOME W = WORK C = CELL P = PAGER E = EMAIL

Circle One

PHONE #:

- Notify or Email: _____ HWCPE @ (_____) _____
- Notify or Email: _____ HWCPE @ (_____) _____
- Notify or Email: _____ HWCPE @ (_____) _____
- Notify or Email: _____ HWCPE @ (_____) _____

Alarm Company Notification

Notification will be sent through COP A Fax or COP A E-Mail if you have activated either service.

If you do not have either service and would like to be notified at the phone number on file specify by indicating next to the code(s).

CODE/ ZONE	<input type="checkbox"/> USE TEMPLATE # _____ ATTACH RIDER FOR ADDITIONAL CODES <input type="checkbox"/> SUPERVISED TEST FREQUENCY (I.E. 24, 72, etc.): _____ <input type="checkbox"/> CODE SPECIFIC <input type="checkbox"/> OPENING/CLOSING <input type="checkbox"/> SUPERVISED <input type="checkbox"/> UNSUPERVISED:	CHECK ONE IF APPLICABLE CALL TO VERIFY / NOTIFY PREMISES <input type="checkbox"/> <input type="checkbox"/>	AUTHORITY REF #	RESPONDING PARTY REF #	AL. CO.
_____	CONDITION _____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____
_____	CONDITION _____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____
_____	CONDITION _____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____
_____	CONDITION _____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____
_____	CONDITION _____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____
_____	CONDITION _____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____
_____	CONDITION _____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____
_____	CONDITION _____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____
_____	CONDITION _____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____
_____	CONDITION _____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____

DISPATCH MODIFICATION (Select Only One)

1. Activate "Subscriber Delay of Dispatch Modification"
2. Activate "Multiple Alarm Analysis" Before Responding To My Account
Do not respond to a burglar alarm signal unless more than one unique code or zone is received within _____ minutes (maximum 10 minutes)
3. "Activate Duplicate Signal Suppression" After Responding To My Account
After initially dispatching the police department, do not respond to repeat burglary or lower priority alarms with duplicate codes or zones received within _____ minutes (maximum 60 minutes)