

**ALARM SIGNALING SPECIFICATION**

Completion of this document is required before connection to Central Station can take place. The information collected may be made available to the Emergency Services. Please complete as much of this form to ensure prompt service delivery.

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

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

Parish: \_\_\_\_\_ Postcode: \_\_\_\_\_ Assessment # \_\_\_\_\_

Premises Telephone Number: \_\_\_\_\_ Alt: \_\_\_\_\_

Codeword ("All OK" word): Please choose password for verification: \_\_\_\_\_

Directions: \_\_\_\_\_

\_\_\_\_\_

Identifying Features/trim/colour: \_\_\_\_\_

\_\_\_\_\_

Keyholder Details: Please give details below of at least three key holders who can normally attend the premises within 20 minutes. Bermuda Police insist the key holders' date of birth must be recorded for identification purposes:

Key Holder	Telephone 1	Telephone 2	Date of Birth

Do you require open/close monitoring? Y\_\_\_\_ N\_\_\_\_

Open/close monitoring allows you to be informed if the alarm system is not set or is disarmed outside of normal hours. There is an extra cost for this service. Details and required documentation will be generated if you reply in the affirmative.

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

Signed on behalf of subscriber: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Position: \_\_\_\_\_

For Central Station Use: Account #: \_\_\_\_\_ Connected: \_\_\_\_\_

