



# ARCO SECURITY CENTRAL STATION, CORP.

## Monitoring Burglar And Fire Alarm Systems

### Type of Request

New Subscriber    
 Change Information    
 Renewal    
 Cancellation

|                                     |  |                         |                     |  |                  |
|-------------------------------------|--|-------------------------|---------------------|--|------------------|
| <b>CUSTOMER INFORMATION</b>         |  |                         | DATE: _____         |  |                  |
| NAME: _____                         |  |                         | PRIMARY CODE _____  |  |                  |
| COMPANY NAME (If Applicable): _____ |  |                         | Installer ID# _____ |  |                  |
| ADDRESS: _____                      |  |                         | Company Name _____  |  |                  |
| CITY: _____                         |  | STATE: _____            | ZIP: _____          |  | Technician _____ |
| PRIMARY PHONE: (    ) _____         |  | SECONDARY: (    ) _____ |                     |  |                  |
| EMAIL: _____                        |  |                         | FAX: _____          |  |                  |

|                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                      |
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| Basic Monitoring <input type="checkbox"/><br>Long Distance <input type="checkbox"/><br>AutoNotification* <input type="checkbox"/><br><br>PANEL: _____<br><br>FORMAT: _____<br><br><small>* AutoNotification Monitoring Requires CID Format and signed waiver (see below)</small> | Basic Video <input type="checkbox"/><br>Supervised Video <input type="checkbox"/><br>Elevator System* <input type="checkbox"/><br>IP Communicator <input type="checkbox"/><br><br>Business <input type="checkbox"/><br>Residence <input type="checkbox"/><br><br><small>*Elevator System must be programmed to (305) 227-2077</small> | Open/Close <input type="checkbox"/><br>Log Only <input type="checkbox"/><br>Call Premise <input type="checkbox"/><br>Supervised <input type="checkbox"/><br><br>Radio <input type="checkbox"/><br>AlarmNet <input type="checkbox"/><br>DSC <input type="checkbox"/><br>Telguard <input type="checkbox"/><br>Other: _____ | Monthly Reports<br>Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/><br><br>Signal Notification    Email <input type="checkbox"/> SMS/TXT <input type="checkbox"/><br><br><input type="checkbox"/> Phone: _____ Carrier: _____<br><input type="checkbox"/> Email: _____<br><br>Signals:    Alarm <input type="checkbox"/> Trouble <input type="checkbox"/> Restore <input type="checkbox"/> ALL <input type="checkbox"/> | Timer Test <input type="checkbox"/><br>Supervised TT <input type="checkbox"/><br><br>Interval: _____ |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|

| Contact Name | Contact Phone | Notes | Password |
|--------------|---------------|-------|----------|
| 1. _____     | _____         | _____ | _____    |
| 2. _____     | _____         | _____ | _____    |
| 3. _____     | _____         | _____ | _____    |
| 4. _____     | _____         | _____ | _____    |
| 5. _____     | _____         | _____ | _____    |

| <p><b><u>AutoNotification Monitoring Information and Waiver</u></b></p> <p><input type="checkbox"/> By Selecting this option the Subscriber and the Installer both agree and understand that AutoNotification Monitoring is designed to ONLY notify the subscriber of signals received. No operator action will be taken, no other notification will occur, and authorities will NOT be dispatched. The Subscriber is responsible for notifying the Central Station if authorities need to be dispatched. Notifications will be transmitted to the Subscriber's email or mobile phone SMS. It is the responsibility of the Installer to notify and inform the Subscriber of this option and the process by which monitoring will be provided.</p> <p>Subscriber's preferred method of signal communication is as follows:</p> <p><input type="checkbox"/> Email: _____</p> <p><input type="checkbox"/> Mobile: _____</p> <p style="text-align: center; margin-left: 40px;">Mobile Carrier</p> | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Zone</th> <th style="width: 50%;">Description</th> <th colspan="5">Other Information:</th> </tr> </thead> <tbody> <tr> <td style="height: 100px;"> </td> <td> </td> <td colspan="5"> </td> </tr> <tr> <td> </td> <td> </td> <td>M-F</td> <td>SAT</td> <td>SUN</td> <td>HOL</td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td>OPEN</td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td>CLOSE</td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> | Zone               | Description | Other Information: |     |  |  |  |  |  |  |  |  |  |  |  |  | M-F | SAT | SUN | HOL |  |  |  | OPEN |  |  |  |  |  |  | CLOSE |  |  |  |  |
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| Zone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Other Information: |             |                    |     |  |  |  |  |  |  |  |  |  |  |  |  |     |     |     |     |  |  |  |      |  |  |  |  |  |  |       |  |  |  |  |
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| <p><b><u>Fire Account Information</u></b> (If Applicable)</p> <p> <input type="checkbox"/> U.L.    <input type="checkbox"/> FM    <input type="checkbox"/> ETL              Runner Tel: _____<br/> <input type="checkbox"/> F01 – Monitoring with Runner Service              Panel Location: _____<br/> <input type="checkbox"/> F02 – Local Account with Runner Service              Panel Access: _____<br/> <input type="checkbox"/> F03 – Monitoring NO Runner<br/> <input type="checkbox"/> F04 – Local Account NO Runner              Other: _____         </p> |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

**Subject to the terms and conditions stated on the master Alarm Company – Central Station Monitoring Agreement by and between Arco Security Central Station and Alarm Company.**

|                 |                     |                                      |
|-----------------|---------------------|--------------------------------------|
| Name _____      | Alarm Company _____ | Central Station Representative _____ |
| Signature _____ | Signature _____     | Signature _____                      |