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 720**

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._____	( )_____

2nd 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 either FAX this form to (970) 668-6015 or MAIL to Allied Security Group, Inc. P.O. Box 7098, Breckenridge, CO 80424.

THANK YOU!