

SSC

1-937-274-2884
1-800-521-9352

Fax-1-937-277-8171
1-800-244-2FAX

1-937-278-2TDD
1-800-399-2TDD

SECURITY SERVICE CENTER

P.O. Box 5922 • Dayton, Ohio 45405

Date Alarm Co. Code # Subscriber Account No.

ALARM MONITORING SERVICE AGREEMENT

SUBSCRIBER	INSTALLATION COMPANY
Name _____	Co. Name _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Cross Street or Nearest Intersecton _____	Tel. No. (____) _____
Tel. No. (____) _____	Signature of Installer _____

Communicator Make & Model # _____	ADDITIONAL INFORMATION	TYPE OF INSTALLATION
Using Subscriber Tel. Line # _____	_____	<input type="checkbox"/> Private Home
Notify Installer of Alarm Conditions <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Apartment <input type="checkbox"/> Office
Code Word _____	_____	<input type="checkbox"/> Store <input type="checkbox"/> Factory
		<input type="checkbox"/> Other _____

ZONE INFORMATION

ZONE 1	REPORT CODE	ZONE 9	REPORT CODE
_____	_____	_____	_____
ZONE 2	_____	ZONE 10	_____
_____	_____	_____	_____
ZONE 3	_____	ZONE 11	_____
_____	_____	_____	_____
ZONE 4	_____	ZONE 12	_____
_____	_____	_____	_____
ZONE 5	_____	ZONE 13	_____
_____	_____	_____	_____
ZONE 6	_____	ZONE 14	_____
_____	_____	_____	_____
ZONE 7	_____	ZONE 15	_____
_____	_____	_____	_____
ZONE 8	_____	ZONE 16	_____
_____	_____	_____	_____

CALL LIST (Local Authority)

POLICE () _____ AMBULANCE () _____

FIRE DEPT. () _____ OTHER () _____

CALL LIST (Contacts) Calls to be made in the following sequence:

1.	TELEPHONE () _____
2.	TELEPHONE () _____
3.	TELEPHONE () _____
4.	TELEPHONE () _____
5.	TELEPHONE () _____
6.	TELEPHONE () _____

ADDITIONAL CONDITIONS INFORMATION

OPENING / CLOSING INFORMATION

OPENING	CLOSING	OPENING	CLOSING
MON. _____	_____	FRI. _____	_____
TUE. _____	_____	SAT. _____	_____
WED. _____	_____	SUN. _____	_____
THURS. _____	_____	HOL. _____	_____

• For your protection, it is required that the actual opening time be within a _____ minute window of the scheduled opening time, unless authorized by a pass card holder.

• Closing may be at any point before scheduled time, but special authorization from passcard holder is needed if closing later than _____ minutes from scheduled time.

Holidays checked below are those on which the above holiday schedule applies:

<input type="checkbox"/> New Years Day	<input type="checkbox"/> Good Friday	<input type="checkbox"/> Rosh Hashanah	<input type="checkbox"/> Veteran's Day
<input type="checkbox"/> Martin Luther King Jr. Day	<input type="checkbox"/> Memorial Day	<input type="checkbox"/> Yom Kippur	<input type="checkbox"/> Thanksgiving Day
<input type="checkbox"/> Lincoln's Birthday	<input type="checkbox"/> July 4th	<input type="checkbox"/> Columbus Day	<input type="checkbox"/> Christmas Day
<input type="checkbox"/> Washington's Birthday	<input type="checkbox"/> Labor Day	<input type="checkbox"/> Election Day	

Other Holidays: _____

PLEASE NOTE THAT ANY CHANGES OR CORRECTIONS MUST BE MADE IN WRITING TO SECURITY SERVICES CENTER.

Subject to terms and conditions of this agreement (including those on reverse side) the subscriber agrees to subscribe for Security Services Center Alarm Monitoring Service

Accepted: SECURITY SERVICES CENTER Company

By: _____

Date: _____ 19____

Signature of Subscriber _____ Title (if applicable) _____

RETURN ORIGINAL AND 1 COPY TO SECURITY SERVICES CENTER