

## SECURITY SYSTEM OWNERSHIP CERTIFICATE

When completed, this certificate should contain all the information required by your insurance company for discount eligibility. It also serves as a record of your original system installation.

Date:			
This is to certify that a for the following custo		been installed and is c	urrently being monitored
Customer Name:			
Address:			
City, State, Zip:			
Date of Installation:			
The following detec	tion is provided by se	ecurity equipment ins	stalled (Check all that apply)
Intrusion	Fire	Duress	Medical
Doors	Windows	Motion	Other
If other please Expla	ain:		
Listed Central monito		dispatch the proper at	Central Control. This is a UL uthorities in the event that an servicing Company
General Specification	on:		
Panel Type:			
Cellular Back-Up De	vice	Yes	
Authorized Agent/Po	oint Security:		

\*\*\*Point Security Texas License B16115\*\*\* Monitronics Central Station 800-447-9239