

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 sfor the fowwowing custo		been installed and is o	currently being moni	tored
Customer Name:				
Address:				
City, State, Zip:				
Date of Installation:				
The following detection is provided by security equipment installed (Check all that apply)				
Intrusion	Fire	Duress	Medical	
Doors	Windows	Motion	Other	
If other please Explair	n:			
The system at this location is monitored 24 hours a day by United Central Control. This is a UL Listed Central monitoring Station, which will dispatch the proper authorities in the event that an emergency signal is received. Point Security is the installing and servicing Company				
General Specification:				
Panel Type:				
Cellular Back-Up Device (Circle one) YES				
Authorized Agent/Point Security:				

^{***}Point Security Texas License B16115*** United Central Control 800-299-9900