



ALARM SYSTEM CERTIFICATE-No. _____

Name: _____

Address: _____

City, State, Zip: _____

Date of Installation: _____

The following Protection is provided by the Security Equipment:

- ☐ Burglary Protection
- ☐ AFD Glassbreak Protection
- ☐ Panic/Holdup Protection

- ☐ Medical Emergency Protection
- ☐ Low Temperature Protection
- ☐ Flood/High Water Protection

- ☐ Fire Protection
- ☐ Carbon Monoxide Protection
- ☐ LP Gas Leak Protection

Additional Protection:

☐ _____ ☐ _____ ☐ _____

The following Special Monitoring Services are provided:

- ☐ GSM Cellular Backup
- ☐ IP/Internet Monitoring
- ☐ Video Protection
- ☐ Elevator Monitoring
- ☐ Maintenance Repair Service Agreement
- ☐ Yes ☐ No
- Expiration Date: _____

Additional Monitoring Services:

☐ _____ ☐ _____ ☐ _____

Alarm Installation Company:

Company Name: _____

Address: _____

City, State, Zip: _____

Name: _____

Authorized Signature: Donna M. Miller

Title: _____ Date: _____