



CITY OF WEST UNIVERSITY PLACE DIRECTLINK ALARM SERVICE SET-UP

ACCOUNT #: _____ - _____

DATE: _____

****REQUIRED INFORMATION****

FULL NAMES OF ADULT RESIDENTS

NAMES, CON'T

STREET ADDRESS

CROSS STREET

HOME PHONE # _____ - _____

****Alternate phone numbers must be provided
On the Permit Application**

PASS/CODE: _____

PERMIT NO: _____ - _____

_____ on file _____ attached to form

YARD SIGN DELIVERED

ALARM SYSTEM / PANEL:

INSTALLERS CODE: _____

ALARM SYSTEM NOTIFICATION TYPES:

BURGLAR _____ SMOKE _____

FIRE _____ E.M.S. _____

PANIC _____ OTHER _____

BACK-UP BATTERY _____

AES _____

ZONE INFORMATION:

SIGNAL	ZONE	DESCRIPTION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SIGNAL	ZONE	DESCRIPTION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MISC. NOTES FROM RESIDENT:

THE ABOVE INFORMATION IS CORRECT AS IT PERTAINS TO THE ALARM SYSTEM/PANEL IN THIS RESIDENCE OR BUSINESS AND IS GIVEN FOR USE BY THE CITY OF WEST UNIVERSITY PLACE EMERGENCY DISPATCH CENTER. I UNDERSTAND THAT THE CONSULTATION RECEIVED WAS CONDUCTED BY AN INDEPENDENT AGENT AND THAT I AM UNDER NO OBLIGATION TO FOLLOW ANY ADVICE GIVEN OR TO USE ADDITIONAL SERVICES OFFERED BY THE AGENT.

RESIDENT / HOMEOWNER

RESIDENT / HOMEOWNER

ALARM SERVICE TECHNICIAN

ALARM COMPANY NAME