

Affiliated Monitoring is providing 24-hour monitoring services for a system at the following address:

Name

Address

City

State

Zip

As of

Conditions Monitored

- Burglary
- Fire
- Holdup
- Personal Emergency
- Video
- Elevator
- Area of Refuge
- Other (specify) _____

Monitoring Options

- Digital Phone Line Transmission
- Wireless Transmission
- IP Internet Transmission

- Supervised Opening & Closing
- Recorded Only Opening & Closing

- Test Transmission Daily Weekly Monthly
- Other (specify) _____

Servicing Company

The Servicing Company listed below certifies that all the information above is correct, and the system is being monitored as described above.

Name

Address

City

State

Zip

Repair Service Agreement

Yes

No

Expiration Date

Servicing Company Signature

Date