

ROSEBURG 440-1067

479-1959  
GRANTS PASS

773-3900  
MEDFORD



515 N.E. 8TH, GRANTS PASS, OREGON 97526

3273 BIDDLE RD., MEDFORD, OREGON 97504

## SUPERVISED OPENING AND CLOSING SCHEDULE

YOUR OPENING AND CLOSING SCHEDULE IS DETERMINED BY THE FIRST PERSON TO ENTER AND THE LAST PERSON TO LEAVE THE PREMISE. YOU MAY WANT TO MAKE YOUR OPENING TIME A LITTLE EARLY (30 MINUTES) AND YOUR CLOSING TIME A LITTLE LATE (30 MINUTES) TO ELIMINATE CALLS TO THE CENTRAL STATION AUTHORIZING EARLY OPENINGS AND LATE CLOSINGS.

	OPEN	CLOSE
MONDAY	_____ AM	_____ PM
TUESDAY	_____ AM	_____ PM
WEDNESDAY	_____ AM	_____ PM
THURSDAY	_____ AM	_____ PM
FRIDAY	_____ AM	_____ PM
SATURDAY	_____ AM	_____ PM
SUNDAY	_____ AM	_____ PM

### PERSONS AUTHORIZED TO MAKE CHANGES TO THE ACCOUNT (CODES, REQUEST SERVICE, ETC)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

### MONTHLY REPORT INFORMATION:

FAX #: \_\_\_\_\_ ATTN: \_\_\_\_\_

Mail to: \_\_\_\_\_

**IT IS YOUR RESPONSIBILITY TO KEEP THIS INFORMATION UPDATED WITH OUR CENTRAL MONITORING STATION. ANY CHANGES MUST BE MADE IN WRITING (WE WILL NOT MAKE THESE CHANGES OVER THE PHONE). FAX # 541-776-2819.**

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

ALARM #: \_\_\_\_\_



APPROVED UNDERWRITERS LABORATORIES LISTED ALARM INSTALLING COMPANY

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**SUPERVISED OPENING AND CLOSING USER INFORMATION**

<u>NAME</u>	<u>USER CODE #</u>	<u>HOURS/DAYS OF ACCESS</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____

**IT IS YOUR RESPONSIBILITY TO KEEP THIS INFORMATION UPDATED WITH OUR CENTRAL MONITORING STATION. ANY CHANGES MUST BE DONE IN WRITING (WE WILL NOT MAKE THESE CHANGES OVER THE PHONE). FAX #541-776-2819.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**MEDFORD 773-3900**

**FAX 541-776-2819**



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### Monitored System Options

#### **Open/Close with no reports - \$5.00 per month**

Central station computerized logging of all open/close information including date, time, and user information. Available to customer by phone with proper identification. Subscriber may call at any time for this information. Should you request a report of activities there will be an extra charge.

#### **Open/Close with monthly reports - \$10.00 per month**

Same as above with reports mailed/faxed to customer monthly. Additional Reports will be charged \$5.00 per report.

#### **Supervised Open/Close by user, no reports - \$15.00 per month**

Monitoring for designated open/close times by code only for irregular activities. Information is logged at the Central Station (not mailed to customer). Available to customer by phone with proper identification. Customer may Call at any time for this information.

#### **Supervised Open/Close by user, with monthly reports - \$20.00 per month**

Same as above with reports mailed/faxed to customer monthly. Additional Reports will be charged \$5.00 per report.

#### **Supervisory**

Monitoring of any device that does not require police response. Central Station Contacts subscriber upon alarm activation, ie., low battery, freezer/refrigerator Alarm, pit valve, water shut off, temperature alarm, etc.

Customer will be charged \$5.00 per month for monthly reports plus \$5.00 for Each additional report.

**\*\*Customer is responsible for notifying S.O.S Alarm anytime there is a change of code numbers or phone numbers of the responsible persons.**