Data Information Form

CRITICOM MONITORING SERVICES

Dealer Information

Dealer Number | Dealer Name | Date

Subscriber Information

□ Residential □ Commercial □ Commercial Fire □ Two-Way □ Medical Only □ UL Fire

Account Number | Secondary Account Number | Subscriber Name

Address (no P.O. Box) | Apt #. | City | State | Zip Code

Premises Phone Number | Secondary Premises Phone Number | Cross Street | Subdivision | Map Grid

	Authorities	24 Hour Emergency Number (not 911)	Permit Number
PD			
FD			
MD			
Guard			

Test Frequency	If no test received notify Dealer via:
□ None	□ Event History
□ Daily	□ Fax
□ Weekly	□ Email
□ Monthly	□ Telephone

Time Zone	ECV (Enhanced Call Verification)
□ Atlantic	□ Yes
□ Eastern	□ No
□ Central	** In ECV areas, all premises number and the first contact will be called prior to dispatch on all Burglary and Tamper signals **
□ Mountain	
□ Pacific	
□ Hawaii - Aleutian	

Communications

Standard Zone Template | Panel | Panel Phone # | Format

Two-Way Panel | Audible? Yes _____ No _____

Manual Reset of Cut off in _____ Minutes

Passcode (max of 10 characters	Verbal Duress Code (max of 10 characters)

Contact List Name	Telephone Number	Time Frame	Subscriber Email	Type*	User #	Passcode
1.						
2.						
3.						
4.						

* For "Type" above, please note which alarm event types the contact should be notified on. The choices are: Burglary, Fire, Trouble, Open/Close, Medical and Panic/Holdup *

Zone	Alarm Type	Description	PR	PT	PD	FD	MD	CL	AL	LOG

Dispatch Order:

PR - Call Premises
PT - Call Guard/Security/Patrol
PD - Dispatch Police
FD - Dispatch Fire
MD - Dispatch Medical
CL - Notify Call List
AL - Notify Alarm Co.
Log Only - Log to History only no other actions
Delayed Events - Delayed Events will automatically apply to Residential Low Battery and Trouble events for (60) minutes and Commerical A/C Fail and Low Battery events for (30) minutes while awaiting Restore. If restore is received, no action will be taken. If restore is not received, action will be taken.
□ Do Not Apply Delayed Events

Special Instructions: _____

□ Supervised Opening and Closing Schedule outlined on attached Open/Close Schedule Form