



PERS Data Information Form

Dealer Information

Dealer Number	Dealer Name	Date
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Subscriber Information Residential Commercial Commercial Fire Two-Way Medical Only UL Fire

Account Number	Secondary Account Number	Subscriber Name
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Address (no P.O. Box)	Apt #.	City	State	Zip Code
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Premises Phone Number	Secondary Premises Phone Number	Cross Street	Subdivision	Map Grid
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	Authorities	24 Hour Emergency Number (not 911)	Permit Number
PD			
FD			
MD			
Guard			

Test Frequency	If no test received notify Dealer via:	Communications		
<input type="checkbox"/> None <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Event History <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Telephone	Standard Zone Template	Panel	Panel Phone #
Time Zone <input type="checkbox"/> Atlantic <input type="checkbox"/> Mountain <input type="checkbox"/> Eastern <input type="checkbox"/> Pacific <input type="checkbox"/> Central <input type="checkbox"/> Hawaii - Aleutian		Two-Way Panel	Audible?	Yes _____ No _____
		Manual Reset of Cut off in _____ Minutes		

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

* For "Type" above, please note MB = Mobile, HM = Home, WK = Work, OT = Other

Physician	Preferred Medical Facility/Hospital
Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone Number:	Phone Number:

Date of Birth	Medical Information			
/ /	<input type="checkbox"/> Impaired Vision	<input type="checkbox"/> Hard of Hearing	<input type="checkbox"/> Impaired Mobility	<input type="checkbox"/> Wheel Chair Bound
MM/DD/YYYY	<input type="checkbox"/> Blind	<input type="checkbox"/> Diabetic	<input type="checkbox"/> Cane	<input type="checkbox"/> Scooter
Gender	<input type="checkbox"/> Arthritis	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Walker	

Female Male Allergies

Language

Special Instructions

Key/Lockbox Location Oxygen Notify on Power Fail DNR

Other: _____

File of Life Location