

RESIDENTIAL SUBSCRIBER FORM

ACCT # _____
(for office use)

MUST BE RETURNED TO HOLICONG NO LATER THAN 1 WEEK PRIOR TO INSTALL.

1. ACCOUNT NAME: _____

2. STREET ADDRESS: _____

3A. MAILING/BILLING ADDRESS: _____

3B. EMAIL ADDRESS _____

4. LIST ALL TELEPHONE #S AT THIS LOCATION: _____

5. TOWNSHIP OR BORO: _____

6. FIRE DEPARTMENT: _____

7. DISPATCH INFORMATION: (The street address, closest intersecting streets or between which two intersections, include any identifying information such as building color, street # on mail box etc.)

8. AUTHORIZED PERSONS using the system: (List all persons that have a key and will use the alarm. Include any nicknames used. Each person should also have a level of authority next to their name. 2 = any person authorized to arm and disarm the system, 7 = the authority of a level 2 plus the ability to add and delete authorized persons.) Mark an asterisk (*) next to any person you wish to utilize a separate verbal passcode and/or punch-in code.

10. SPECIAL INSTRUCTIONS: (Include any specific instructions other than those already specified. Example - the cleaning service only comes on Thursdays, any pets within a residence are usually kept in a specific area and their names & descriptions. Also, any heater service or other service needed in case of an emergency and do they have a key?)

11. AUTHORIZED SIGNATURE AND DATE: _____

*Holicong Locksmiths & Central Security, Inc.
P.O. Box 126
Holicong, PA 18928*

*Phone # (215) 794-7542
Fax # (215) 794-0837*

holicongsecurity@holicongsecurity.com