

# Change Request

(Rider to Alarm Monitoring Agreement) Schedule B

Mail to: American Security and Communications, Inc. P.O. Box 1008, Neenah, WI 54957-1008

Fax To: (920) 722-1717

Our Office Main Number (920) 722-8787 or (800) 821-7370

Your Account Number: (Fill in one) RIA(61) \_\_\_\_\_ RIC(68) \_\_\_\_\_ EP \_\_\_\_\_

Your Name/Business Name: \_\_\_\_\_

Effective Date Of This Request: \_\_\_\_\_ Time Effective: \_\_\_\_\_ AM PM

## Delete User/Passcode

User Name \_\_\_\_\_ Code (If Known) \_\_\_\_\_

User Name \_\_\_\_\_ Code (If Known) \_\_\_\_\_

User Name \_\_\_\_\_ Code (If Known) \_\_\_\_\_

## ADD User Name / 4-Digit Keypad Code (We will assign keypad code if none is requested) / Password\* if desired

User Name \_\_\_\_\_ Keypad Code (If Available) \_\_\_\_\_ Password \_\_\_\_\_

PRINT CHECK if to be Added to Call List [ ] Order to call if not last on list: \_\_\_\_\_

Best Number to Call \_\_\_\_\_

If No Answer Number to Call: \_\_\_\_\_

User Name \_\_\_\_\_ Keypad Code (If Available) \_\_\_\_\_ Password \_\_\_\_\_

PRINT CHECK if to be Added to Call List [ ] Order to call if not last on list: \_\_\_\_\_

Best Number to Call \_\_\_\_\_

If No Answer Number to Call: \_\_\_\_\_

User Name \_\_\_\_\_ Keypad Code (If Available) \_\_\_\_\_ Password \_\_\_\_\_

PRINT CHECK if to be Added to Call List [ ] Order to call if not last on list: \_\_\_\_\_

Best Number to Call \_\_\_\_\_

If No Answer Number to Call: \_\_\_\_\_

## ZONE / DISPATCH CHANGES

Alarm Zone # or Name \_\_\_\_\_

Alarm Type [ ] Fire [ ] Hold-up [ ] Burglary [ ] Medical [ ] Other Condition

Order of Dispatch (place a number in the boxes in the order you wish):

[ ] Verify at Premise [ ] Dispatch Police [ ] Call Keyholder

[ ] Notify My Alarm Company **OR** [ ] Take NO Action

Do you want us to delay any burglary response for up to 60 seconds? [ ] YES

How Long: \_\_\_\_\_ sec.

Do you want us to delay responding to this zone?

[ ] 15 minutes [ ] 30 minutes [ ] 45 Minutes [ ] 60 minutes

PER CODE WE CANNOT DELAY THE DISPATCH OF FIRE, HOLDUP OR MEDICAL ALARMS

Subscriber Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Call Back When Completed (Phone Number) \_\_\_\_\_ Ask For \_\_\_\_\_

Processing may not occur immediately upon receipt. Call us to expedite this request after faxing this form to us. Please try to allow 24 hours to complete M-F. Our Central Station WILL NOT HONOR VERBAL CHANGES. ALL CHANGES **MUST** BE HANDLED BY AMERICAN SECURITY AND COMMUNICATIONS.

\*Passwords may be easier to use and more secure when speaking to our operators. If none is requested the keypad code becomes the password.

**Copy this form for more changes or for future changes.**