

SENTINEL ALARM

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SENTINELALARM@GMAIL.COM

CLIENT INFORMATION SHEET

INSTRUCTIONS:

Please enter the names and phone numbers of the parties you would like notified in the event your alarm system is triggered. These parties should have a key to the premises, disarming code and pass code, if applicable, to provide access for authorities.

YOUR MONITORING WILL NOT BE IN EFFECT UNTIL WE RECEIVE THIS LIST. ALSO, IT IS YOUR RESPONSIBILITY TO NOTIFY US IF ANY PARTIES OR INFORMATION ON THIS LIST CHANGES.

NAME OF BUSINESS/RESIDENCE: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

BUSINESS/RESIDENCE PHONE #: _____

EMAIL ADDRESS: _____

BILLING ADDRESS: _____
(If different from above) _____

- NAMES OF PERSONS TO NOTIFY IN CASE OF ALARM, TO GAIN ENTRY TO BUILDING/HOME -

NAME

PHONE #1

PHONE #2

1st Person to Notify

2nd Person to Notify – If 1st is unavailable

3rd Person to Notify – If 2nd is unavailable

4th Person to Notify – If 3rd is unavailable

5th Person to Notify – If 4th is unavailable

Pass Code and/or Word

(PASS CODE/WORD SHOULD BE NO MORE THAN 10
CHARACTERS AND SHOULD NOT CONTAIN ANY
SYMBLES OR SPACES)

If this section is left blank, your pass code will be the last
three digits of your account number

Prepared by: Signature: _____

Print Name: _____