



Account Information sheet

Please complete this form and fax to **644-3205**.

Subscriber Information

Acct#: AA- _____
Dept. Name: _____
Mail Address: _____
City: _____ State: _____ Zip: _____ FSU mail code _____
street: _____

Emergency Notification List 1

Primises Phone: _____
Name: _____ Office Ph: _____ Home Ph: _____
(Alarm Manager's Name and contact information)
Email Address: _____ Pager/ Cell Ph: _____
Name: _____ Office Ph: _____ Home Ph: _____
Name: _____ Office Ph: _____ Home Ph: _____
Name: _____ Office Ph: _____ Home Ph: _____

Emergency Notification List 2

Name: _____ Office Ph: _____ Home Ph: _____
Name: _____ Office Ph: _____ Home Ph: _____

Account Information

Pass/Code: _____ Acct. Type: _____
(Lab, Dorm, Academic, Admin, library, bldg etc...)
Alarm Type: _____
(ademco, silent knight, radeonics, if they know this information)
Alarm Com: _____
Auto Reset: __ (y) __ (n). Reset in: _____ Min. Reset Code: _____

Zone Information

Zone #	Zone Description	Code

(03 Bellamy, rm 235. Interior motion detector. Burglary)

NOTE: Hazards, Type of equipment being protected, special call out information. Misc.

