SECURITY SERVICES NORTHWEST, INC.

P.O. Box 660,
Port Townsend, WA 98368
800-859-3463

Alarm Customer Information

Account Name: _____   **Phone Number:** _____

Physical Address: _____

Mailing/Billing Address (if different): _____

Emergency Contact List:

In case of an alarm, these are the people we will contact and the order in which we will call them. Our policy is to first call the premises, and if unable to make contact with anyone, to dispatch police/fire and then go through the contact list. Please note if you would like the order of phone numbers changed (such as calling your cell phone before calling police/fire). You may wish to include alternate phone numbers for you (cell phone, work phone) and people who can meet the police or fire department at this address. Be sure to tell these people that you have put them on this list. You should instruct them on how to reset your alarm system. These should be key holders.
Examples: Trusted friend, neighbor, relative, employee

NAME	PHONE NUMBER	PHONE TYPE *(cell, work, home, etc)*	ADD/DELETE/CHANGE
1. PREMISES	_____	*Premises*	*N/A*
2. POLICE/FIRE/MEDICAL DISPATCH	*SSNW has number on file*	*N/A*	*N/A*
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

Attach sheet for additional contacts, if needed.

User Codes and Passwords:

User Codes are 4-digit numbers used to turn your system on and off. Pick a number that you will remember. Passwords are words or other code used to prove you or someone else belongs there, in case of an accidental alarm. When we receive an alarm, we will call the premises first. Make sure to answer the phone and give the proper password, or call us, giving your password to cancel the alarm. If we have no contact with anyone at the premises, or the wrong password is given, we will call the police or fire department (depending on the type of alarm) and then contact your Emergency Contact List. You may have or assign more than one user code and/or password. Note that codes cannot be consecutive numbers.

NAME	PASSWORD	CODE #	ADD/DELETE/CHANGE
40. _____	_____	_____	MASTER CODE
01. _____	_____	_____	_____
02. _____	_____	_____	_____
03. _____	_____	_____	_____
04. _____	_____	_____	_____
05. _____	_____	_____	_____
06. _____	_____	_____	_____

Attach sheet for additional users, if needed.

Signature: _____   **Password:** _____   **Date:** _____
(Typing your name above serves as your signature)

Please email completed form to info@ssnwHQ.com or fax it to 360-797-8482.
You may also mail it to us at P.O. Box 660, Port Townsend, WA 98368

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