APS Atlantic Protective Services
security is just the beginning.

Name/Business Name _____   **Date** _____

Address _____   **Phone # at this address:** _____

City _____   **State** _____   **Zip** _____

Subdivision _____   **Cross Street** _____

eMail _____   **Password** _____

	Name	Phone #1	Phone #2	Call before Dispatching Police – Fire – Medical
❶	_____	_____	_____	☐ ☐ ☐
❷	_____	_____	_____	☐ ☐ ☐
❸	_____	_____	_____	☐ ☐ ☐
❹	_____	_____	_____	☐ ☐ ☐
❺	_____	_____	_____	☐ ☐ ☐

Special Instructions _____

_____

_____

_____

Please reference the enclosed "Customer Master Report File". It details the information we currently have on file for your emergency contacts.

Please use this form to make any necessary changes. List contacts in the order your want them called. You may also use this form to change the phone number we call to verify the alarm (i.e. location number), password, or to give us any other needed information.

I understand that the above information will be used by the Central Station to verify alarms, dispatch police/fire/rescue services, and notify me or my representative in the event that my security system transmits an alarm signal to the Central Station. It is my responsibility to inform all users in the proper operation of my security system. It is also my responsibility to inform the Central Station, IN WRITING, of any desired changes to the above information.

_____

Customer's Signature

PLEASE TURN OVER FOR ADDITIONAL INSTRUCTIONS

We must have a **written signature** for all changes!

Please return this form by mail or fax to 757-490-3766

700 South Military Highway, Virginia Beach, VA 23464

www.aps4u.com   *757-499-4700*   *service@aps4u.com*

Instructions for completing the

Monitoring Information Form

Name: Please enter the name the police/fire/EMS service will need to find you. For a business, please enter the name displayed at the business, NOT the legal corporate name or owner's name, etc. If this is rental house, please enter the name of the people who actually live at the residence, not the landlord's name.

Address: This is where we will send the police, fire, and/or medics when your alarm is triggered, so please enter the actual physical address to the protected property. If you have a different mailing address (PO box, corporate office, etc), you may provide that elsewhere.

Location Phone: If there is a landline phone at the protected property, please provide that number. We will attempt to verify burglar alarms and smoke detector alarms by calling this number BEFORE dispatching the emergency services. Most other alarms are NOT normally verified; these include holdup buttons, the keypad panic buttons, and any fire alarms except smoke detectors (sprinkler systems, pull stations, etc). If you need special handling of alarm verification calls, please indicate that in the area for "special instructions" at the bottom of the form.

Subdivision: Please enter the name of your city subdivision or neighborhood. This can help the emergency services find you faster.

Cross-Street: Please enter the name of the CLOSEST street which intersects (crosses) YOUR street.

eMail: This eMail address will ONLY be used for billing or other "office" correspondence. The monitoring station will NOT contact you by email, and your address will **NEVER** be shared with ANYONE outside our company for any reason.

Password: The password is a VERBAL word, number, or phrase that the Monitoring Station will use to identify you on the phone. You will be **REQUIRED** to provide the password in order to cancel an alarm, place your account on test, or do anything else that only YOU should be allowed to do. It should NOT be the same as your keypad code, nor should it be something easy to guess, like your name or street address, or telephone number. But don't make it something you won't be able to remember, either!

Contact List: Please provide names and phone numbers for up to three people to be notified in case of an alarm. Please note whether each phone number is a **W**ork, **H**ome**, or M**obile number. For each person, please indicate whether they should be called BEFORE dispatching Police, Fire, or Medical services, by marking the appropriate checkbox. To reduce unnecessary dispatches, we recommend having at least one responsible person be called prior to dispatching emergency responders.

Special Instructions: Use this area to provide any other useful information. Examples include "hide-a-key" locations, gate entry codes, special medical needs, notes about pets, children, or elderly residents, or anything else the monitoring station would need to pass on to an emergency responder.

Don't forget to sign in the space provided on the front, and you'll be done!