



REQUEST FOR ALARM CODE ADJUSTMENT

Use this form to change keypad codes and passcodes for your burglar alarm system. Please print in black ink.

Questions about this form?
Call us at 847-438-2600
for assistance.

Subscriber Details

Subscriber Name		Account Type <input type="checkbox"/> Residential <input type="checkbox"/> Commercial	
Address		City	
State	Zip Code	Account Number	Passcode
If you would like confirmation that your request has been completed, please tell us how we can reach you: <input type="checkbox"/> Email : _____ <input type="checkbox"/> Phone: _____ <input type="checkbox"/> Other: _____			

Alarm Codes

Please check desired change: <input type="checkbox"/> Add <input type="checkbox"/> Remove	User Name	Keypad Code	Passcode
Please check desired change: <input type="checkbox"/> Add <input type="checkbox"/> Remove	User Name	Keypad Code	Passcode
Please check desired change: <input type="checkbox"/> Add <input type="checkbox"/> Remove	User Name	Keypad Code	Passcode
Please check desired change: <input type="checkbox"/> Add <input type="checkbox"/> Remove	User Name	Keypad Code	Passcode
Please check desired change: <input type="checkbox"/> Add <input type="checkbox"/> Remove	User Name	Keypad Code	Passcode
Please check desired change: <input type="checkbox"/> Add <input type="checkbox"/> Remove	User Name	Keypad Code	Passcode
Please check desired change: <input type="checkbox"/> Add <input type="checkbox"/> Remove	User Name	Keypad Code	Passcode
Please check desired change: <input type="checkbox"/> Add <input type="checkbox"/> Remove	User Name	Keypad Code	Passcode
Please check desired change: <input type="checkbox"/> Add <input type="checkbox"/> Remove	User Name	Keypad Code	Passcode
Please check desired change: <input type="checkbox"/> Add <input type="checkbox"/> Remove	User Name	Keypad Code	Passcode
Please check desired change: <input type="checkbox"/> Add <input type="checkbox"/> Remove	User Name	Keypad Code	Passcode

Additional fields available on next page

Certification

I, the undersigned, certify that the details provided on this form are correct and true, to the best of my knowledge. I have informed the individuals listed above that personal information about them is being provided to Active Alarm Company, Inc. and its third-party monitoring company and they gave their consent to this. I also certify that I am authorized to add or remove keypad codes for the account indicated earlier in this form.		
Name/Title (please print)		Date
Return completed form to: Active Alarm Company, Inc. 561 Capital Drive Lake Zurich, IL 60047	Or, fax form to: 847-438-6711 Or, scan and email form to: info@activealarm.com	Signature X

