



EMERGENCY CONTACT INFORMATION

Use this form to designate who you want called in the event of an alarm condition at your address. Please print in black ink.

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

Subscriber Details

Subscriber Name		Address		
City		State	Zip Code	Account Type <input type="checkbox"/> Residential <input type="checkbox"/> Commercial
Account Number	Linked Account Number (if applicable)	Onsite Telephone Number		Additional Onsite Telephone Number
Passcode (to report a false alarm or to put your system on test)		Duress Code ('panic password' for discreet dispatch)		

Emergency Contacts

Contact #1		
Name	Phone Number	Alternate Phone Number (optional)
Contact #2 (optional)		
Name	Phone Number	Alternate Phone Number (optional)
Contact #3 (optional)		
Name	Phone Number	Alternate Phone Number (optional)
Contact #4 (optional)		
Name	Phone Number	Alternate Phone Number (optional)
Contact #5 (optional)		
Name	Phone Number	Alternate Phone Number (optional)

Certification

I certify that, to the best of my knowledge, the details provided on this form are correct and true. 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 have also informed them that they may be contacted in the event of an alarm condition at the above stated address.		
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