



--	--

Alarm System Description For Residential Burglar Alarm System Certificate

PROTECTED PROPERTY

Name: _____

Address: _____

City: _____	State: _____	Zip Code: _____
-------------	--------------	-----------------

ALARM SERVICE COMPANY

File No. _____	Service Center No. _____
----------------	--------------------------

Name: _____

Address: _____

City: _____	State: _____	Zip Code: _____
-------------	--------------	-----------------

Representative: (Name & Title) _____	Phone Number () _____
--------------------------------------	---------------------------------

COMMENTS AND CLARIFICATIONS

SYSTEM DESCRIPTION

Extent of Protection:

Basic

Expanded

Alarm Sounding Device:

Inside

Outside

Remote Monitoring:

Yes

No

Line Security Employed

Yes

No

Alarm Transmission Method:

Multiplex

Derived Channel

Direct Wire

Radio Two-Way

Radio One-Way

Transmitter (McCulloh)

Digital Alarm Communicator

Remote Monitoring Location:

Police Station

Dispatch Center: _____

(City and State)

Central Station: _____

(Name)

(City and State)

File No. _____

Service Center No. _____

Residential

Monitoring Station: _____

(Name)

(City and State)

File No. _____

Service Center No. _____

Control and Transmitter Units:

(Mfgs. & Models)