



**alarmco**

2007 Las Vegas Blvd. South, Las Vegas, Nevada 89104  
Records Department – 702-382-1515 Fax # 702-382-6742  
records@alarmco.com

**EMERGENCY CONTACT INFORMATION**

*Please print or type*

A/R # \_\_\_\_\_

Name \_\_\_\_\_ Site Phone # \_\_\_\_\_

Alarm Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Gate Code \_\_\_\_\_

Email \_\_\_\_\_ Fax # \_\_\_\_\_

Billing/Mailing Address \_\_\_\_\_  
*(If different than alarm address)*

Optional: Email for Invoices: \_\_\_\_\_  
(ALARMCO DOES NOT SHARE OR SELL YOUR INFORMATION)

List the names of individuals, along with their Contact Number and Verbal Passcode, who will have access to the alarm system. **Verbal passcodes should be unique for each user.** A Verbal Passcode is required for any account changes, information requests, or to clear / cancel an alarm dispatch response.

For individuals who have authority for account / system inquiries, but should not be contacted during an alarm event, please only include their name and a Verbal Passcode. **Note: *The alarm touchpad code is separate from the verbal passcode.***

Passcode Holders Name	Phone #	Verbal Passcode
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

\_\_\_\_\_  
SUBSCRIBER'S SIGNATURE

\_\_\_\_\_  
DATE

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