MAHONEY ALARMS
CONTACT LIST UPDATE FORM

FAX TO: (518) 793-0602 or e-mail to: dispatch@mahoneyalarms.com

NAME ON THE ACCOUNT:_____

911 ADDRESS OF ACCOUNT:_____

NUMBER STREET NAME

_____

CITY STATE ZIP

PREMISE PHONE NUMBER:_(____)_____

NAME OF POLICE AGENCY HAVING JURISDICTION:_____

THEIR PHONE NUMBER:_(_____)_____

NAME OF FIRE DEPT. HAVING JURISDICTION:_____

THEIR PHONE NUMBER:_(_____)_____

__NOTE:__ POLICE AND FIRE NUMBERS SHOULD BE THE EMERGENCY NUMBERS TO CALL FROM OUT OF THE COUNTY/CITY. IF THEY HAVE A NON-EMERGENCY NUMBER TO CALL FOR A STATUS PLEASE INCLUDE THAT AND NOTE IT IS NON-EMERGENCY.

RESPONDER NAME	1st NUMBER	2nd NUMBER	3rd NUMBER	PASSWORD

DO YOU WANT US TO CALL THE PREMISE 1st ON ALARMS? _____YES _____NO

IF SO, ON WHAT TYPES: (CIRCLE ALL THAT APPLY) FIRE SECURITY MEDICAL HOLD-UP

NOTE: A PASSWORD IS NOT THE CODE YOU USE TO DISARM THE ALARM, IT IS A WORD/PHRASE TO VERIFY YOU ARE AUTHORIZED TO BE AT THE PREMISE.

IF YOU HAVE ANY OTHER INSTRUCTIONS FOR THE CALL LIST PLEASE INCLUDE BELOW:

_____

_____

_____

_____

YOUR SIGNATURE:_____ DATE:____/____/____