

# Requisition

Req # 00171314

PO #

Date: 02/24/10

Bill To: x  
x

Vendor : 133655  
SUPERIOR ALARMS  
P. O. DRAWER 3097  
MCALLEN TX 78502  
FAX (956)971-6395

Ship To: HIDTA  
3100 S. Closner  
Foxtrot Bldg.  
Edinburg TX 78539

Contact: DORA L. MUNOZ  
956-381-0444

Contract No: SE-05-08

Special Instructions:

46

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
12.00	MONTH	CONTRACT NO.: SE05-08 DO NOT DUPLICATE ORDER MONITORING SERVICES FOR THE HIDTA TASK FORCE OFFICE. (2 PANELS X\$25.00 = 50.00 PER MONTH X 24MONTHS= \$1,200.00) Account No _____ 0-1254-412-00-270-014-0-413 0-1291-412-00-270-003-0-413 0-1291-412-00-270-003-9-413  REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233	50.00  <u>Encumbrance</u> 340.00 200.00 60.00  Freight .00 Total 600.00	600.00

Authorized By: \_\_\_\_\_

# COMMERCIAL ALARM MONITORING AGREEMENT

ACCOUNT NUMBER \_\_\_\_\_ COMMUNICATOR MAKE & MODEL DATE ON LINE \_\_\_\_\_ DEALER \_\_\_\_\_

**SUBSCRIBER**  
 Hidalgo County HIDTA Task Force  
 NAME  
 100 N. Clossner  
 ADDRESS  
 Edinburg TX 78539  
 CITY STATE RETRAV# NO ZIP CODE  
 TEL. NO. 956 318-2300  
 FAX NO. 956 318-2078 S.S. NO. \_\_\_\_\_  
 TEL# \_\_\_\_\_

**COMPANY**  
**Superior Alarms**  
 600 Ash Avenue, McAllen, TX 78501  
 Ph. (956) 682-6005  
 FAX (956) 630-2434

**LOCATION OF ALARM DEVICES**  
 Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Directions to Subscriber's Location: \_\_\_\_\_

**CONDITIONS MONITORED** HGAC-05-10  
 Fire  Hold-up  Burglar  Panic  Low Batt  Medical  Close  Open  Other DIGICELL

**TYPE OF INSTALLATION**  
 Business  Warehouse  Office  Store  Factory  Other \_\_\_\_\_

**CODES ZONES / DESCRIPTIONS (ATTACH SEPARATE SHEET OF PAPER IF NECESSARY)**

ALARM CODE	ALARM ZONE	CONDITION	COMMENTS / AREA PREMISES INSTRUCTIONS		VERIFY		ALARM		ALARM CODE	ALARM ZONE	CONDITION	COMMENTS / AREA PREMISES INSTRUCTIONS		VERIFY		ALARM	
			YES	NO	YES	NO	YES	NO				YES	NO				

**LOCAL AUTHORITIES TO BE NOTIFIED**

CODE	AUTHORITY	NAME	TELEPHONE NUMBER
	Local Police Department	Edinburg Police Department	( ) _____
	Local Fire Department	_____	( ) _____
	Other	_____	( ) _____
	Other	_____	( ) _____

**AUTHORIZED INDIVIDUALS TO BE NOTIFIED**  
 IN ORDER OF PRIORITY (Individuals to be notified in the event of an alarm condition. Calls are made in sequence until contact is made.)

	NAME	PRIMARY PHONE # (Desc)	ALTERNATE PHONE # (Desc)	CODE WORD
1		( ) _____	( ) _____	
2		( ) _____	( ) _____	
3		( ) _____	( ) _____	
4		( ) _____	( ) _____	
5		( ) _____	( ) _____	

Phone Descriptions are: B = Beeper, C = Car, D = Digital Pager, H = Home, W = Work, V = Voice Pager

**FOR OPEN / CLOSE MONITORING ONLY**

Check for appropriate open/close:  
 Log only (no action)  Supervised (action outside specified time) Action to be taken \_\_\_\_\_  
 Supervised schedule below: use your local time.

	SUN	MON.	TUES.	WED.	THURS.	FRI.	SAT.
OPEN							
CLOSE							

Activity Report  Yes  No  Monthly

Early Open Allowance \_\_\_\_\_  
 Late Open Allowance \_\_\_\_\_  
 Late Close Allowance \_\_\_\_\_  
 Mailed to: \_\_\_\_\_

**FEES • TERMS • PAYMENTS**

INITIAL TERM: 3 Year(s) Annual Fee \$ \_\_\_\_\_ + tax  
24 No. of payments equal payments of \$ 25.00, each payable monthly on the 1st day of May-May, beginning 5-1-2010, and continuing regularly and annually thereafter.

Subject to Terms and Conditions of this Agreement (including those on the reverse side), the Subscriber agrees to subscribe for monitoring by Company.  
**SUBSCRIBER MUST SIGN IN THREE PLACES**

ACCEPTED:  
 By \_\_\_\_\_ Title County Judge  
 Date \_\_\_\_\_

For Office Use Only Typed by \_\_\_\_\_ Checked by \_\_\_\_\_

SIGNATURE OF SUBSCRIBER \_\_\_\_\_ DATE \_\_\_\_\_

WHITE - SUPERIOR ALARMS PINK - CUSTOMER COPY  
 FOR SUPERIOR CENTRAL STATION, INC. USE ONLY REV. A

Monitoring Information Approved by \_\_\_\_\_ Date \_\_\_\_\_  
 Approved by: \_\_\_\_\_  
 Monitoring Information Entered by \_\_\_\_\_ Date \_\_\_\_\_  
 Billing Information Completed by \_\_\_\_\_ Date \_\_\_\_\_  
 Billing Information Entered by \_\_\_\_\_ Date \_\_\_\_\_  
 Form Filed in Customer File By \_\_\_\_\_ Date \_\_\_\_\_

Date \_\_\_\_\_

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