

COMMERCIAL ALARM MONITORING AGREEMENT

Update Contract

ACCOUNT NUMBER 553478 COMMUNICATOR MAKE & MODEL DATE ON LINE _____ DEALER Maggie

SUBSCRIBER
Hidalgo County Elections OSC
 P.O. Box 659 SUITE/APT. NO _____
 ADDRESS Edinburg TX 78539 ZIP CODE _____
 CITY STATE _____
 TEL. NO. () _____ () _____
 FAX NO. () _____ S. S. NO. _____
 TDL# _____

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

LOCATION OF ALARM DEVICES _____
 Physical Address 101 10th Street City Edinburg State TX Zip 78539
 Directions to Subscriber's Location: _____

CONDITIONS MONITORED _____
 Fire Hold-up Burglar Panic Low Batt Medical Close Open Other _____
 TYPE OF INSTALLATION _____
 Business Warehouse Office Store Factory Other _____

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

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

LOCAL AUTHORITIES TO BE NOTIFIED _____
 CODE AUTHORITY NAME TELEPHONE NUMBER
 _____ Local 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 timed) Action to be taken _____
 Supervised schedule below: use your local time.
 Early Open Allowance _____
 Late Open Allowance _____
 Late Close Allowance _____
 Mailed to: _____
 Activity Report Yes No Monthly

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

FEES • TERMS • PAYMENTS _____
 INITIAL TERM: 3 Year(s) Annual Fee \$ 180.00 + tax _____
3 No. of payments equal payments of \$ 180.00, each payable Annually on the 1st day of July, beginning July, 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 _____ Date _____ Title _____
 For Office Use Only: Typed by _____ Checked by _____
 SIGNATURE OF SUBSCRIBER _____ DATE _____

WHITE - SUPERIOR ALARMS
 FOR SUPERIOR CENTRAL STATION, INC. USE ONLY _____ REV. A

Monitoring Information Approved By _____ Date _____
 Monitoring Information Entered By _____ Date _____
 Billing Information Completed By _____ Date _____
 Billing Information Entered By _____ Date _____
 Form Filled in Customer File By _____ Date _____
 T S MOORE PRINTING 956.687.6868 12/09