

**Requisition**  
**SHERIFF'S LAW ENFORMENT FACILITY**

**Req # 00194864**

**PO #**

**Date: 05/03/11**

**Bill To:** x  
x

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

**Ship To:** SHERIFF'S LAW ENFORMENT FACILITY  
 711 EL CIBOLO RD.  
 EDINBURG TX 78539

**Contact:** MYRA MONTOYA  
 956-393-6024

**Contract No:**

**Special Instructions:**

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
		CC: 05/10/2011 DO NOT DUPLICATE ORDER		
12.00	MONTH	SERVICE FEE FOR ALARM TO ANNEX BUILDING FOR 05/01/2011 THRU 04/30/2012	10.00	120.00
12.00	MONTH	OPEN CLOSE REPORTS, 05/01/2011 THRU 04/30/2012	5.00	60.00
		Account No _____	Encumbrance	
		1-1100-421-00-280-001-0-413	180.00	
			Freight	.00
			Total	180.00
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		

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



600 Ash Avenue - P.O. Drawer 3097  
McAllen, TX 78501  
State Lic. B4881 - Fire Lic. ACR-86318-816  
Tel. (956) 682-6005 - Fax 213-1179

*We send the police there in a hurry!*

April 21, 2011

Hidalgo County Sheriff's Dept.  
P.O. Box 1228  
Edinburg, Texas 78540  
Attn: Mayra Montoya

APR 23 2011  
C.Y. = 3m

Re: Customer Number: 2740 / 2741

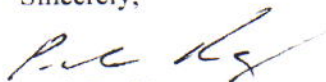
Dear Valued Customer,

Enclosed is a copy of your monitoring agreement which has been modified as per your request. Please review the "Call List" section of the attachment and make any necessary changes. Please sign and date once on the front page and once on the back of EACH of the copies, as the carbon does not go through on the reverse side.

Please return all copies to us. Once the agreement has been processed, we will mail your copy back to you for your records.

Thank you in advance for your help with this matter. If you have any questions or concerns, please feel free to contact our office.

Sincerely,

  
Perla Rodriguez  
Customer Service

McAllen 682-6005  
Harlingen 425-1566  
Brownsville 546-6261  
Toll Free 800-580-6001

# COMMERCIAL ALARM MONITORING AGREEMENT

ACCOUNT NUMBER 2740/2741 COMMUNICATOR MAKE & MODEL DATE ON LINE \_\_\_\_\_ DEALER Per

**SUBSCRIBER**  
 Name: Hidalgo County Sheriff's Dept.  
 Address: P.O. Box 1228  
Edinburg TX 78540  
 City: Edinburg State: TX ZIP CODE: 78540  
 TEL. NO. 361-383-8114  
 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 413 N. 14th City Edinburg State TX Zip \_\_\_\_\_  
 Directions to Subscriber's Location: Narcotics

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

**LOCAL AUTHORITIES TO BE NOTIFIED**

CODE	AUTHORITY	NAME	TELEPHONE NUMBER
	Local Police Department	<u>Edinburg P.D.</u>	( ) _____
	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.

	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: 1 Year(s) Annual Fee \$ 180.00 + Exempt  
1 No. of payments equal payments of \$ 180.00, each payable ANNUALLY on the 1 day of \_\_\_\_\_