

# Requisition

Req # 00199493

PO #

Date: 07/20/11

AL-28649

Bill To: x  
x

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

**Ship To:** ELECTIONS  
101 S. 10TH AVENUE  
EDINBURG TX 78539

**Contact:** Mel Esparza  
956-318-2570

Contract No:

Special Instructions:

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
12.00	MONTH	DO NOT DUPLICATE ORDER CO CENTRAL STATION MONITORING FEE@ ELECTIONS OFFICE 101 S. 10TH AVE, EDINBURG, TX, FROM 07-01-2011/06-30-2012 <u>Account No</u> 1-1100-414-00-130-001-0-413  REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233	15.00 <u>Encumbrance</u> 180.00 Freight Total	180.00    180.00  180.00

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

# COMMERCIAL ALARM MONITORING AGREEMENT

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

**SUBSCRIBER**

Hidalgo County Elections Office  
 P.O. Box 659  
 Edinburg, TX 78539  
 TEL. NO. 956.318.2511  
 FAX NO. \_\_\_\_\_ S. S. NO. \_\_\_\_\_  
 TDL# \_\_\_\_\_ Email \_\_\_\_\_

**COMPANY**

**Superior Alarms**  
 600 Ash Avenue, McAllen, TX 78501  
 Ph. (956) 682-6005  
 FAX (956) 213-1179

**LOCATION OF ALARM DEVICES**

Physical Address 101 10<sup>th</sup> St. City Edinburg State TX Zip 78539  
 Directions to Subscriber's Location: \_\_\_\_\_

**CONDITIONS MONITORED**

Fire  Hold-up  Burglar  Panic  Low Battery  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: \_\_\_\_\_

**FEEES • TERMS • PAYMENTS**

INITIAL TERM: 3 Year(s) Annual Fee \$ 180.00 ~~tax~~  
3 yr No. of payments equal payments of \$ 180.00, each payable Annually on the 1<sup>st</sup> day of \_\_\_\_\_