

# 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 10th 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: \_\_\_\_\_

**FEES • 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 1st day of July-June, beginning July 1st, 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 \_\_\_\_\_  
 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 \_\_\_\_\_  
 Monitoring Information Entered By \_\_\_\_\_ Date \_\_\_\_\_  
 Billing Information Completed By \_\_\_\_\_ Date \_\_\_\_\_  
 Billing Information Entered By \_\_\_\_\_ Date \_\_\_\_\_  
 Form Filed in Customer File By \_\_\_\_\_ Date \_\_\_\_\_

Approved by: \_\_\_\_\_  
 Date \_\_\_\_\_