

# COMMERCIAL ALARM MONITORING AGREEMENT

R-341987 quote

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

**SUBSCRIBER**  
 NAME: St. Dolores County - TX Office  
 ADDRESS: 300 E. McAllister  
 CITY: McAllen, TX  
 STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 TEL. NO. ( ) \_\_\_\_\_ FAX NO. ( ) \_\_\_\_\_  
 S.S. NO. \_\_\_\_\_  
 TDL# \_\_\_\_\_ Email: \_\_\_\_\_

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

**CONDITIONS MONITORED**  
 Fire  Hold-up  Burglar  Panic  Low Battery  Medical  Close  Open  Other code

**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	VERIFY	AUDIBLE	ALARM CODE	ALARM ZONE	CONDITION	COMMENTS / AREA PREMISES	VERIFY	AUDIBLE

**LOCAL AUTHORITIES TO BE NOTIFIED**

NAME: McAllen P.D.  
 AUTHORITY: Local Police Department  
Local Fire Department  
Other  
Other

TELEPHONE NUMBER: \_\_\_\_\_

**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.)

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

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.

OPEN	CLOSE	SUN	MON	TUES	WED	THURS	FRI	SAT

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

**INITIAL TERM:** 3 Year(s) Annual Fee \$ 300.00 + tax \_\_\_\_\_  
 No. of payments equal payments of \$ 180.00, each payable Sum on the 1st day of Nov 9 May, beginning Nov 1, 2017, and continuing regularly and Sum thereafter.

Activity Report  Yes  No  Monthly

**FEES • TERMS • PAYMENTS**

Subject to Terms and Conditions of this Agreement. ACCEPTED: \_\_\_\_\_