

COMMERCIAL ALARM MONITORING AGREEMENT

ACCOUNT NUMBER _____ COMMUNICATOR MAKE & MODEL DATE ON LINE _____ DEALER Superior Flor COMPANY

SUBSCRIBER
Hidalgo County Health & Human Services
1304 US. 25th St.
Edinburg, TX 78541
 TEL. NO. () _____
 FAX NO. () _____ S. S. NO. _____
 TDL# _____ Email _____

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

LOCATION OF ALARM DEVICES
Physical Address 3105 E. Richardson City Edinburg State TX Zip _____
Directions to Subscriber's Location: _____

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

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	<u>Laura Martinez</u>	<u>(210) 618-8203</u>	() _____	<u>Purple</u>
2	<u>Marissa Ayala</u>	<u>(956) 525-1296</u>	() _____	<u>Purple</u>
3	<u>Teresa Alfaro</u>	<u>(956) 292-8479</u>	() _____	<u>Purple</u>
4	<u>Eneidelia Del Angel</u>	<u>(956) 393-0139</u>	() _____	<u>Purple</u>
5	<u>Nora Gonzalez</u>	<u>(956) 280-0518</u>	() _____	<u>purple</u>

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							

Early Open Allowance _____
 Late Open Allowance _____
 Late Close Allowance _____
 Mailed to: _____

Activity Report Yes No Monthly

FEES • TERMS • PAYMENTS

INITIAL TERM: 3 Year(s) Annual Fee \$ 300⁰⁰ + tax
0 No. of payments equal payments of \$ 150⁰⁰ each payable semi on the 1st day of Dec & May, beginning Dec 1, 2016 and continuing regularly and semi 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

Roman Flores
 SIGNATURE OF SUBSCRIBER DATE _____

ACCEPTED: _____ Title W.A.H.
 By _____ Date 11/8/16
 For Office Use Only Typed by _____ Checked by _____

COMMISSIONERS' COURT - SUPERIOR ALARMS PINK - CUSTOMER COPY
 ON: 11/8/16 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 _____

T S MOORE PRINTING 956.687.6868 5/11

COMMERCIAL ALARM MONITORING AGREEMENT

ACCOUNT NUMBER _____ COMMUNICATOR MAKE & MODEL DATE ON LINE _____ DEALER Superior Alarm

SUBSCRIBER

NAME Hidalgo County Health Dept.

ADDRESS 1304 S. 25th St.

CITY Columbus STATE TX ZIP CODE 78539

TEL. NO. () _____ () _____

FAX NO. () _____ S. S. NO. _____

TDL# _____ Email _____

COMPANY

Superior Alarms

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

LOCATION OF ALARM DEVICES

Physical Address 305 E. Richardson City Columbus State TX Zip 78539

Directions to Subscriber's Location: _____

CONDITIONS MONITORED

Fire Hold-up Burglar Panic Low Battery Medical Close Open Other cell

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				YES	NO	YES	NO					YES	NO	YES	NO

LOCAL AUTHORITIES TO BE NOTIFIED

CODE	AUTHORITY	NAME	TELEPHONE NUMBER
	Local Police Department	<u>Hidalgo Co. Sheriff's</u>	<u>(956) 393-6001</u>
	Local Fire Department		() _____
	Other		() _____
	Other		() _____

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2		()	()	
3		()	()	
4		()	()	
5		()	()	

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Activity Report Yes No Monthly

FEES • TERMS • PAYMENTS

INITIAL TERM: 3 Year(s) Annual Fee \$ 300⁰⁰ + tax

6 No. of payments equal payments of \$ 150⁰⁰, each payable semi on the 1st day of May & Oct., beginning May 1, 2020 and continuing regularly and semi 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

SIGNATURE OF SUBSCRIBER

DATE

ACCEPTED
By [Signature] Title Asst Mgr
Date 6-18-20

For Office Use Only Typed by _____ Checked by _____

WHITE - SUPERIOR ALARMS YELLOW - CUSTOMER COPY
 FOR SUPERIOR CENTRAL STATION, INC. USE ONLY REV. A

Monitoring Information Approved By _____ Date _____ Approved by: _____
 Monitoring Information Entered By _____ Date _____
 Billing Information Completed By _____ Date _____
 Billing Information Entered By _____ Date _____
 Form Filed in Customer File By _____ Date _____