



Washington Alarm Inc.
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COMMERCIAL SUBSCRIBER'S EMERGENCY CONTACT LIST (ECL)

DATE _____ ALARM/ACCOUNT #: _____

SUBSCRIBER NAME _____

TELEPHONE _____ FAX _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

CONTACT 1: NAME: _____ EMAIL _____

PHONE 1: Circle one: HOME / WORK / MOBILE: _____

PHONE 2: Circle one: HOME / WORK / MOBILE: _____

PHONE 3: Circle one: HOME / WORK / MOBILE: _____

CONTACT 2: NAME: _____ EMAIL _____

PHONE 1: Circle one: HOME / WORK / MOBILE: _____

PHONE 2: Circle one: HOME / WORK / MOBILE: _____

PHONE 3: Circle one: HOME / WORK / MOBILE: _____

CONTACT 3: NAME: _____ EMAIL _____

PHONE 1: Circle one: HOME / WORK / MOBILE: _____

PHONE 2: Circle one: HOME / WORK / MOBILE: _____

PHONE 3: Circle one: HOME / WORK / MOBILE: _____

OFF LINE PASSWORD: _____ (NOTE: WA will request this password from any personnel and/or service company requesting to take the system off line for any period. This may be the account number.)

CHANGES/INSTRUCTIONS PASSWORD: _____. (NOTE: WA will request this password PRIOR TO accepting any verbal instructions/changes to the account, including requests to cancel dispatches.)

SPECIAL INSTRUCTIONS: _____

SCHEDULE:

Below you will find our normal opening and closing schedule (earliest and latest that employees will be on the premise):

	MON	TUE	WED	THU	FRI	SAT	SUN
FROM	_____	_____	_____	_____	_____	_____	_____
TO	_____	_____	_____	_____	_____	_____	_____

The above shall be in effect until such time as these instructions are superceded by other properly authorized instructions.
 DATE: _____

BY: SIGNATURE: _____ PRINT: _____
 TITLE: _____

**UL LISTED AND FM APPROVED CENTRAL STATION
 LICENSED AND BONDED ELECTRICAL CONTRACTOR**