

Westminster, MA 01441 U.S.A. U.L. Acct.
 Subscriber's Name Webb County Courthouse – Commissioners Monitoring Account #
 Address 1000 Houston St City Laredo
 State TX Zip 78040 Customer No./Sequence
 Premise Phone # (956) 523-5052 Fax # () Cross Street
 Township Mailing Address
 Account Type: Fire Burglary Medical Elevator National Account Critical Condition

CONTACT/CALL LIST (Responsible Parties): Premises # will be called prior to contact list.

At least 3 contact name and Numbers

Name	Phone #	Pass/Abort Code (10 character Limit)

LOCAL EMERGENCY DISPATCH NUMBERS (Must be 24-HR)

Fire Dept. (Local)	()	Paramedics (Local)	()
Police Dept. (Local)	()	Other:	()

Communicator (dialer) type Firelite Model # ms-9200udis Intrusion Panel Model # Format
 Reporting: 3 x 1 3 x 1 EXT 4 x 2 BFSK Contact ID Per Point Time
 Zone Automatic Test Timer Interval (Daily, Weekly, Monthly or None)

This account to receive periodic activity reports on the following basis: Weekly Reports Monthly Reports

Alarm System Dialer Programming/Set-up Information: Number of Partitions:

Code Transmitted	Protected Area	AUD	SIL	Alarm Type

TERMS OF THIS AGREEMENT ARE

Time and Material Price Not to Exceed \$ Fixed Price of \$ **325.00 One-time programming fee**

DEPOSIT \$ BALANCE DUE \$ AMEX MC/VISA Discover

CARD HOLDER: CREDIT CARD # Expiration Date:

Special Instructions (if required):

This account will be programmed to send opening and closing signals (security alarm systems only) YES NO

Type of Open / Close Monitoring to be provided: Open / Close Log Only Monitoring Supervised Open / Close Monitoring

Daily schedule for supervised open/close monitoring:

	Daily	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Opening time								
Closing time								
Window*								

Holidays Closed:

*All supervised accounts will be assigned a 60 minute time window for scheduled openings and closings. If subscriber requests a longer or shorter time window, please specify.

SHADED AREA TO BE FILLED OUT BY SIMPLEXGRINNELL

Dispatch Permit #

State License # District# Completed by Date

Maintenance Agreement Coverage Code:

Term of Agreement: The initial term of this Agreement shall be for a period of year(s) beginning on the Date of Agreement and shall self-renew for successive periods of 1 year thereafter under the same terms and conditions except for the price, which shall be increased to the applicable price in effect at the renewal date, unless either party gives the other written notice of cancellation at least thirty (30) days prior to the expiration of a term. It is agreed that SimplexGrinnell shall not be responsible to provide Monitoring Services under this Agreement unless and until the communication link between Subscriber's premises and SimplexGrinnell's Monitoring Center has been tested.

IMPORTANT NOTICE REGARDING YOUR LEGAL RIGHTS: The Terms and Conditions on the reverse side are an important part of this Agreement and may affect your legal rights. Among other things, these terms significantly limit SimplexGrinnell's liability should an event occur that this service is designed to detect. By signing this Agreement you acknowledge that you have read, acknowledge, and agree to be legally bound by all Terms and Conditions of this Agreement.

Annual Monitoring Fee \$ \$319.20

Subscriber/Authorized Signature SimplexGrinnell Representative Signature: *Aleigha Melton* Date 12/29/15

Printed: Printed: Aleigha Melton

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Police Dept. (Local)	(<u> </u>) <u> </u>	Other:	(<u> </u>) <u> </u>

Communicator (dialer) type DSC Power 832 Model # pc5010 Intrusion Panel Model # Format

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Annual Monitoring Fee \$ \$319.20

Subscriber/Authorized Signature: SimplexGrinnell Representative Signature: Aleisha Melton Date: 12/29/15

Printed: Printed: Aleisha Melton

Westminster, MA 01441 U.S.A.

Monitoring Service Agreement Instructions and Explanation List

SUBSCRIBER'S NAME:

The *Subscriber's legal name*. If a business, this would be the name as indicated on the business license. Also include name of the building or premise if the Subscriber is a commercial property manager.

MONITORING ACCOUNT

The account number (location address code) given to you by the Monitoring Center.

UL ACCOUNT:

Is the fire or burglar alarm listed with Underwriters Laboratories?

ADDRESS:

This must be the street address of the monitored premises, along with any additional address information such as Suite or Building #. Post office boxes cannot be allowed for obvious reasons. If a separate address or P.O. Box is used for billing purposes, please provide where indicated.

CITY:

City, Township, etc. where the Subscriber is located.

STATE:

State in which Subscriber is located.

ZIP:

Zip code in which Subscriber is located.

CUSTOMER NUMBER/SEQUENCE:

The eight digit number assigned to this customer in the SimplexGrinnell billing system, along with the four digit Sequence Number which identifies the monitoring unit created for this account.

PREMISE TELEPHONE

Subscriber's phone number. Used to verify alarm signals and to contact subscribers in the event of alarm malfunction.

PREMISE FAX

Subscriber's fax number, if appropriate.

CROSS STREET:

Authority having jurisdiction often asks for the nearest cross street in order to expedite dispatching of emergency response personnel.

TOWNSHIP:

Many jurisdictions require the township as well as the city name prior to dispatching the authorities.

MAILING ADDRESS:

Subscriber's mailing address if it is different from the premise address.

ACCOUNT TYPE:

Fire Burglary Medical Elevator National Account
 Critical Condition

CONTACT / CALL LIST (RESPONSIBLE PARTIES):

Premises # will be called prior to contact list.

NAME:

Responsible parties' names in the order in which they are to be called. Names listed should be persons who can shut off the alarm system and if necessary respond to the premises when notified of an alarm activation by the Monitoring Center.

PHONE

Phone number at which the responsible party can be contacted by the Monitoring Center. This is presumed to be a residence phone number unless otherwise noted.

PASS CODE / ABORT CODE (10 CHARACTER LIMIT):

This can be a number, word, or combination of letters and numbers. It is a secret code selected by the Subscriber to confirm that the user is authorized to access account information, place the system on test and verify false alarms. All security alarm monitoring accounts must have a Pass Code; Pass Codes on fire alarm monitoring accounts are recommended but not required. On fire alarm accounts, the monitoring account number will function as the Pass Code if one is not selected by the Subscriber.

LOCAL EMERGENCY DISPATCH NUMBERS:

List telephone number, including area code, of correct local emergency dispatch authority/agency (Police, Fire Department, 911, etc.) Be sure to verify that the Subscriber is located within the jurisdiction of the agency given. The number should be the 24-hour emergency dispatch number, not the administrative office.

COMMUNICATOR:

Manufacturer's name and type of dialer (DACT) used.

MODEL

Model number of dialer (DACT) used.

INTRUSION PANEL MODEL

Example: 3001, 3007, etc.

FORMAT REPORTING:

Check appropriate box or write in specific type of communications format to be used by the dialer (DACT).

TIME ZONE:

EST, CST, MST, PST.

AUTOMATIC TEST TIMER INTERVAL:

The interval between Automatic Timer tests, i.e. 24 hours (Daily), Weekly, Monthly or None.

ACTIVITY REPORTS:

Computer generated reports of all account activity, including Open/Close signals if applicable, which are to be sent periodically to the customer. Specify whether reports are to be sent monthly or weekly.

NUMBER OF PARTITIONS:

A "partition" is a group of devices or points that are monitored in the central station and assigned an account number that makes it unique. Typically this "partition" is a building on a multi-building campus setting.

CODE TRANSMITTED:

Codes transmitted by the alarm system dialer to the Monitoring Center, i.e. 1, 2, 3, 31, 32, etc., depending on the electronic communications format used. It is necessary to list all code information to be used by the dialer.

PROTECTED AREA:

Description of area the alarm zone would cover, i.e. Front Door, Warehouse, etc. on a security alarm. Please note that although you may have the resolution code list, be sure to always include the description of that zone in order to assure accuracy.

AUD / SIL:

Check appropriate box.
AUD=Audible Alarm; SIL=Silent Alarm

TERMS OF THIS AGREEMENT:

Terms of customer payment.

METHOD OF CUSTOMER PAYMENT:

Credit card information.

SPECIAL INSTRUCTIONS (IF REQUIRED):

Please note as specifically as possible any special instructions on how alarm activations are to be handled by the Monitoring Center if they differ in any way from normal dispatch and notification procedures. Example: "Call customer premise first to verify before dispatching on alarms received during normal business hours."

OPENING AND CLOSING SIGNALS:

On security alarm systems only, dialers can be programmed to send a signal to the Monitoring Center each time the system is disarmed (opening signal) or armed (closing signal).

OPEN / CLOSE - LOG ONLY:

All opening and closing signals received by the Monitoring Center are logged in the account's activity history, but no action is taken by an operator.

OPEN / CLOSE - SUPERVISED:

The monitoring center will call on any opening or closing signals which are received outside of the scheduled "window" for the account.

WINDOW:

If the Subscriber's business will be reporting Open/Close signals from a security alarm system which are to be supervised by the monitoring center, the default time set for the "window" is 60 minutes. The window works as follows: If a business is scheduled to open at 0800 and has a 60 minute window, the business will receive a call from the monitoring center for an Early Open if the system is disarmed prior to 0700. If the business does not open by 0900, the Monitoring Center will call on a No Open received. If the business is scheduled to close at 1700, but remains open (alarm system is not armed) past 1800, the Monitoring Center will call on the No Close Received.

DISPATCH PERMIT

Required by some authorities prior to dispatch.

STATE LICENSE

Include SimplexGrinnell State License # on this form, if applicable. Some states require this number to be printed on all correspondence. Check state and local jurisdiction laws or codes as they pertain to your area.

DISTRICT

This would normally be the district office listing number.

COMPLETED BY:

Name of person completing form.

DATE:

Date form was completed and signed.

MAINTENANCE AGREEMENT COVERAGE CODE:

Insert technical support response code for contract response services

ANNUAL MONITORING FEE:

Write in the dollar amount to be billed to the customer on an annual basis.

SUBSCRIBER / AUTHORIZED SIGNATURE:

This acknowledges Subscriber's agreement to pay the Annual Monitoring Fee, as well as Subscriber's agreement to be bound by the Terms and Conditions set forth by SimplexGrinnell on the reverse side of the Monitoring Service Agreement form.

