Acct #
Primary:_____
Secondary:_____

SUNSHINE STATE SECURITY INC.
SUBSCRIBER INFORMATION SHEET

ALARMCO # ***202133***

GSM RADIO INFORMATION	
MAC ADDRESS	
CRC #	

☐ New Data Base ☐ Data Base Change

NAME:_____

ADDRESS:_____

_____

CITY:_____

STATE:_____***FLORIDA*** ZIP:_____

PREMISE PHONE #:_____

EMAIL ADDRESS:_____

RESPONDING POLICE DEPT:_____

RESPONDING FIRE DEPT:_____

RESPONDING MEDICAL:_____

TIME ZONE:_____***EASTERN***

TIMER TEST? Y N Interval_____

EMERGENCY CONTACT LIST: (List in order)

1. Name:_____
   Phone:_____
   Email:_____
2. Name:_____
   Phone:_____
   Email:_____
3. Name:_____
   Phone:_____
   Email:_____
4. Name:_____
   Phone:_____
   Email:_____

PASS CARD LIST: If the Persons Having Access to the Premises Use an ID# Other Than the Acct.# (10 Character Max.)

PASSWORD:_____

PASS#	NAME
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Subdivision or
Complex Name:_____

Nearest
Cross Street:_____

Audible? YES_____ NO _____

Manual Restet or Auto Cut Off in _____ Mins.

Two Way Voice Y N Board_____

E-Mail Notification:_____

Burg _____ Fire _____ Trouble_____ Open/Close _____

Medical _____ Panic/Holdup_____ Open/Close Report _____

LIST ANY MEDICAL INFORMATION OR SPECIAL INSTRUCTIONS HERE:

ALARM REPORTING CODE INFORMATION

ZONE #	DESCRIPTION / DESIGNATION