

ALARM ENGINEERS, INC.

DATE: _____

P.O. BOX 305

CLAY AL 35048

205-836-8131

205-836-8135 fax

TO:

FAX #

We have attached a form that will need to be filled out for your request.

This is the required information to complete your update. Please follow instructions.

1. Signature and Print Name
2. Account Number (must have a correct account #)
3. Detailed information on changes to be made. (if you are making changes to your passcodes you must include the name and passcode to be added or deleted)
4. Location Name
5. Date
6. A call back number

*We will NOT be able to make changes if any items listed above are omitted.

*If this request is submitted after 12:pm Central Time you may not receive a call back till the following business day.

*If programming has to be done via a download the request might take longer due to the availability of a programmer. Some older system may need a service call. Others can be done via keypad with a call back from our department to walk you through the steps to add/delete codes.

*Please on the authorization form if you want someone other than yourself to make/or be walked through changing passcodes their name must be added to that sheet.

*If it is a call list we will call when it has been updated to your location account at the Central Station.

*If you do not hear from us in a reasonable allotted time please call to confirm receipt of your request that it has been received. Please note you can make copies of forms sent with this fax and use them whenever you need to make changes

Thank you, we appreciate your patronage and patience.

Alarm Engineers, Inc.

Programming Department Ext. 4

Form updated 3/4/2020

ALARM ENGINEERS, INC.

P.O. BOX 305

CLAY AL 35048

205-836-8131

205-836-8135 fax

DATE _____

UPDATE ACCOUNT INFORMATION

Person that requested change: _____ **signature**
_____ **print name**

ACCOUNT # _____ **Facility #** _____

Phone # _____

LOCATION NAME _____

STREET ADDRESS _____

CITY & STATE _____

Deletions and changes to be made: **CSI please only update what is listed below.**

Email for monthly O/C Reports _____

ALARM ENGINEERS, INC.

P.O. BOX 305

CLAY AL 35048

205-836-8131

205-836-8135 fax

DATE _____

AUTHORIZED PERSONNEL ASSIGNMENT

COMPANY NAME

ACCOUNT # _____ **Facility #** _____

LOCATION NAME _____

STREET ADDRESS _____

CITY & STATE _____

To Whom It May Concern:

In order to maximize security for your company, Keypad Code Change and Emergency call list request will only be completed if requested by Authorized Personnel. You may select up to two people (including yourself) to be Authorized Personnel for your alarm system, which you must designate at the bottom of this page.

Please fill out all fields on this form and return to Alarm Engineers Inc. In the event that either contact is replaced at your company, a new form must be submitted to Alarm Engineers, Inc. For any Keypad Code changes, please use copies of the "Request for Alarm Code Adjustment" form sent with this letter. Additional forms can be requested through the programming department.

You may return this form by fax or mail.

This form can only be filled out by administrator or authorized area manager that holds the account number.

Authorized Personnel:

Print Name **POSITION** **Signature**

Print Name **POSITION** **Signature**