

Dear Valued Customer:

Attached is the Emergency Contact Form. Please fill this out in its entirety and return as soon as possible. It is important that we have this information on file in the event we need to get in touch with management due to a fire-life safety incident. For your convenience, we are also providing the following information:

PLACING A SYSTEM ON TEST:

Please be advised that you are able to put your property's fire system in test for on-site contractors by providing the central station with your given passcode. In order to do so, it is important to choose a unique passcode and notate this on the attached form in the space provided. The telephone number to your central station and your associated account number can be found on the fire panel located on your property site.

UPDATING EMERGENCY CONTACT INFORMATION:

Delta Fire & Security relies upon accurate information from our customers to ensure we provide the highest level of service. As such, we ask that you please provide a new Emergency Contact Form if/when any of the information changes, i.e. management, points of contact, billing information, passwords, etc. To do so, please visit the Client Portal page of our website and scroll to the bottom section labeled "Forms" to download a fillable PDF.

Please complete the form in its entirety and return via email to our Field Services Team at service@deltafire-security.com.



EMERGENCY CONTACT FORM

Customer _____ Property Name _____

Monitored Address _____

City _____ State _____ Zip _____

Fire Sprinkler Company (if other than Delta) _____

Fire Extinguisher Company (if other than Delta) _____

Elevator Company (if applicable) _____

Delta Fire & Security, Inc. ("Delta") will not be held liable for any inaccurate information in the event of an emergency. It is the responsibility of the Customer to immediately notify Delta in writing with any changes as they occur by providing a new Emergency Contact Form. To obtain a blank form, please visit www.DeltaFire-Security.com and scroll to the bottom of the Client Portal page. Email all completed forms to Service@DeltaFire-Security.com.

EMERGENCY CONTACTS

Note: Contacts will be notified in the following order:

NAME	TITLE	PHONE #1	PHONE #2	PASSWORD

ON-SITE POINT OF CONTACT (Often Maintenance)

First Name _____ Last Name _____ Title _____

Phone #1 _____ Phone #2 _____ Works on Property: Y N

Email Address _____

BILLING CONTACT

First Name _____ Last Name _____ Phone _____

Contact Email _____

Billing Email (if different than above) _____

Representative Completing Form

Date

Title