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Cross-Zoning Form

Account Number _____

Subscriber _____

Alarm Dealer _____

Dealer # _____

Authorizing Signature _____

I authorize the following: _____

Please print name

Timeframe (in minutes) _____

(Maximum amount of time between signals that will trigger a dual zone response.)

Callback Option for Cross-Zoning Dispatch

0 (A + P + C) _____

1 (S + A + P + C) _____

11 (A) _____

Callback Option for Single Zone Activation

2 (P + C) _____

3 (C) _____

4 (Log) _____

5 (S + C) _____

6 (S + P) _____

12 (C, TP) _____

13 (P, TP) _____

15 (S + P + C) _____

NOTE: Cross-Zoning will not be accepted unless this form is completed and faxed. Please contact our Data Entry Department for further assistance.

Authority Phone Number: _____

