



999 East Touhy Ave.
Suite 500
Des Plaines, IL 60018

Central Station Monitored Alarm System

Certificate of Installation

This is to certify that EMERGENCY24, Inc. monitors an alarm system installed at the premises of:

Name: _____ Installation Date: _____

Address: _____ City: _____ State: _____ Zip: _____

The alarm system is monitored for the following conditions:

- | | | |
|--|--|---|
| <input type="checkbox"/> Burglary | <input type="checkbox"/> Fire | <input type="checkbox"/> Medical Emergency |
| <input type="checkbox"/> Autotest | <input type="checkbox"/> Holdup/Panic | <input type="checkbox"/> Open/Close Supervision |
| <input type="checkbox"/> Radio Supervision | <input type="checkbox"/> 2-Way Voice Supervision | <input type="checkbox"/> Other: _____ |

Installation Company: _____ Date: _____

Authorized Signature: _____ Title: _____