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# Permanent Changes

Permanent changes will not be accepted unless this form has been completed and signed. Please contact the Data Entry Department for further assistance.

Please fax completed form to (773) 286-1992.

Effective Date: \_\_\_\_\_

Dealer Name \_\_\_\_\_

Dealer # \_\_\_\_\_ Changes Below Authorized By (Print Name) \_\_\_\_\_

Subscriber Name \_\_\_\_\_

Account Number \_\_\_\_\_

Authorization Passcode \_\_\_\_\_

Call List: (Parties will be called in sequence until reaching \_\_\_\_\_ of them)

Type	Description	Name	Primary Phone	Comments
P1	Party			
P2	Party			
P3	Party			
P4	Party			
P5	Party			
A1	Police			2nd Phone ( )
A2	Fire			2nd Phone ( )
A3	Medical			2nd Phone ( )
A4	Other			2nd Phone ( )

Changes in alternate or multiple account conditions: (\_\_\_\_) (\_\_\_\_) (\_\_\_\_) (\_\_\_\_) (\_\_\_\_) (\_\_\_\_) (\_\_\_\_) (\_\_\_\_) (\_\_\_\_)

Hours: Commercial accounts – verify validity of alarm signals during business hours only.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Open	(_::_)	(_::_)	(_::_)	(_::_)	(_::_)	(_::_)	(_::_)
Close	(_::_)	(_::_)	(_::_)	(_::_)	(_::_)	(_::_)	(_::_)

Verify validity of alarm signal on these conditions: (\_\_\_\_) (\_\_\_\_) (\_\_\_\_) (\_\_\_\_) (\_\_\_\_) (\_\_\_\_) (\_\_\_\_) (\_\_\_\_) (\_\_\_\_)

Condition transmission possibilities:

Code Transmitted To EMERgency24	Authority Code (A1-A4):	Description	Callback Option

Please List Miscellaneous Changes

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_