



Integrated Security Systems **Inc.**
 3815 E. Everett Avenue • Spokane, WA 99217
 www.camtek-inc.com

**NOTICE: this form must be completed and returned to
 Camtek 48 hours prior to alarm installation!
 509-443-2609 • Fax 509-443-2722**

Notification / Call List & Authorized User List

SUBSCRIBER INFORMATION:

Subscriber / Business Name: _____ Acct No: _____

Premises Street Address: _____ City/St/Zip _____

Premises Cross Streets: _____

Mailing Address: _____ City/St/Zip _____

Phone Number at Site: (_____) _____ Email: _____

ACCOUNT CALL / NOTIFICATION LIST (Who do we call in case of alarm or other emergency in priority order)

Name (Please Print)	PHONE NUMBERS		
	Mark: Home (HM) • *Work (WK) • Cell (Cell)		
1.	1	2	3
2.	1	2	3
3.	1	2	3
4.	1	2	3
5.	1	2	3

**Please Include After Hours Phone Numbers-*

AUTHORIZED USER / PASSWORD LIST (List below people authorized to operate alarm system)

NAME (Please Print)	PASSWORD (Max 10 letters)	KEYPAD CODE

Who is authorized to make changes on this account?

1. Name (Print) _____

Signature _____

2. Name (Print) _____

Signature _____

I hereby authorize the above information to be used for the purpose of monitoring and responding to the above named alarm account.

Subscriber Signature _____ Date Signed ____ / ____ / ____

