

PROTECTED



PO Box 748 Los Gatos CA 95031  
408.358.1500 Ph 408.358.2090 Fax

DATE:

### PROCEDURE NOTE FORM

ACCOUNT # 217 - \_\_\_\_\_

SITE NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ CA. ZIP: \_\_\_\_\_

◆-----◆  
**PROCEDURE NOTE (ALL BURGLAR ZONES)**

**SINGLE/MULTIPLE TRIPS OF SAME ZONE**

- 1.) Call Premise
- 2.) Notify Contacts
- 3.) No Dispatch

**MULTIPLE ACTIVATIONS OF DIFFERENT ZONES WITHIN 5 MINUTES**

- 1.) Handle As Normal
- ◆-----◆

This procedure note is to inform you that your alarm system is on two-zone dispatch. Please sign here to acknowledge these dispatch procedures for your alarm system.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Alarm Company Representative

\_\_\_\_\_  
Date

STATE CONTRACTORS LICENSE #C10-575640  
CONSUMER AFFAIRS ACO LICENSE #2015 ▪ CONSUMER AFFAIRS ACQ CERTIFICATE #1932

DEALER SUPPORT SERVICES ONLY	
Date Received _____	
<u>Entered</u> _____	<u>Verified</u> _____
Initials _____	Initials _____
Date _____	Date _____