



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: Gregory Thomas Title: \_\_\_\_\_