



To cancel an alarm or place a system on test, call (800) 858-7811
Email completed form to: admin@whirc.com

Customer Monitoring

Customer Information

Account Number

Name

Premise Type

Commercial

Residential

Medical System

Agriculture

UL

Video

Premise Address

City

State

Zip

Time Zone

Central

Eastern

Mountain

Pacific

County

Alarm Premise Tel. #1

Email Address

Authority Name / Phone Number

Police Phone Number

Medical Phone Number

Fire Phone Number

Guard Phone Number

Account All Authority Password

Password

NOTE: If left blank, password defaults to account number.
If no password needed, indicate N/A.

Panel / Event Monitoring Information

Panel Type (Make/Model)

IP Module Type

Communication Format

Cellular System

Primary

Backup

Two-Way Voice

Yes

No

Cellular Service

Alarm.com

AlarmNet

Connect 24

Telguard

UltraSync

Uplink

Panel Caller ID 1

Panel Caller ID 2

Begin Dispatch Date

Begin Dispatch Time

Timer Test (#/Days)

Any Activity Satisfies Timer Test

Yes

No

CPU / Transformer Location

Conversion Account from Another Central Station

Yes

No

Alarm Types/Codes

B=Burg/M=Medical/E=Environ/F=Fire/FS=Fire Supervisory/FT=Fire Trouble/H=Holdup-Duress/P=Panic/CO=Carbon Monoxide/CG=Combustible Gas

Zone	Type	Description	Zone	Type	Description

Customer Information

Account Number

Name

Contacts/Call List

Responders First & Last Name		For Email Notifications (Provide Email Address)	
Cell Phone #		For Text Notifications (List Cell Provider)	
Home Phone #		Automated Voice Messages (Provide Phone Number(s))	
Work Phone #		Password & Authority Level (List password & level)	
Responders First & Last Name		For Email Notifications (Provide Email Address)	
Cell Phone #		For Text Notifications (List Cell Provider)	
Home Phone #		Automated Voice Messages (Provide Phone Number(s))	
Work Phone #		Password & Authority Level (List password & level)	
Responders First & Last Name		For Email Notifications (Provide Email Address)	
Cell Phone #		For Text Notifications (List Cell Provider)	
Home Phone #		Automated Voice Messages (Provide Phone Number(s))	
Work Phone #		Password & Authority Level (List password & level)	
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Home Phone #		Automated Voice Messages (Provide Phone Number(s))	
Work Phone #		Password & Authority Level (List password & level)	
Responders First & Last Name		For Email Notifications (Provide Email Address)	
Cell Phone #		For Text Notifications (List Cell Provider)	
Home Phone #		Automated Voice Messages (Provide Phone Number(s))	
Work Phone #		Password & Authority Level (List password & level)	

Password Authority Levels

Restricted	Open/close anytime, cancel alarm, and give out customer information.
Limited	Open/close anytime, cancel alarm, authorize a schedule change, place entire customer on test, and give out customer information.
All Authority	Open/close anytime, cancel alarm, authorize a schedule change, place entire customer on test, edit customer and give out customer information.

Special Instructions / Notes

Dealer Information

Tech Initials		Customer Signature (Optional)	
Dealer Number		Date Submitted	
Dealer Name		WHIRC Signature	
Authorized By			

**** To activate monitoring, submit both the Customer Monitoring Form and WH International Monitoring Agreement****

Clear Form

Submit Form