Security User Information Form

CERTIFIED
ALARMS & SURVEILLANCE

6167 6th Street SE
Calgary, Alberta
T2H 1L9
Phone: 403-253-7820
Fax: 403-293-2699
info@certifiedalarms.ca
www.certifiedalarms.ca

Account#

Name

Requested by

Date

Special Instructions

Customer to Program Codes ☐ **OR** Certified Alarms to Program Codes ☐

Please complete the applicable columns in the form below for all authorized users of the security alarm system. If users are to be added, changed or deleted, please indicate this by placing a checkmark in the appropriate box.

Please note that USERs are persons required to operate (arm/disarm) the security alarm system and KEYHOLDERs represent users who are also designated as emergency contacts.

Charges will apply for remote or local updates to your security system in the event you require assistance adding, changing or deleting users. Please indicate if you will be programming new users into your panel or you authorize Certified Alarms Inc., to make those changes and charge you accordingly.

This form is also used to update the Central Monitoring Station so that they can identify any user who may inadvertently set off the alarm or require assistance of any kind.

User# (2 Digit)	User Access Code	Password or Passcode	Keyholder Caller Rank # (ie. 1st, 2nd..)	User or Keyholder Full Name	Keyholder Phone No.	Phone Type (ie. Cell, Office)	Add, Change or Delete		
							A	C	D

Certified Alarms Inc., is not responsible for delays in processing due to incorrectly completed forms.
Please save a copy of this file for future changes and updates and fax or email to Certified Alarms Inc.

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Security User Information Form Continued

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