



## SUBSCRIBER INFORMATION FORM

*Complete form on your computer and email to data@lanvac.com*

<b>Premise Name:</b> Mr. Mrs. Ms.			<b>Account #</b>			
<b>Dealer Name</b>			<b>Dealer #</b>			
<b>Type of System:</b> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Reconnect <input type="checkbox"/>						
<b>INSTALLATION ADDRESS</b>			<b>MAILING ADDRESS</b>			
Address:			Address:			
City: Prov.			City: Prov.			
Postal Code			Postal Code			
Police Phone:			Premise Primary #:			
Fire Phone:			Customer Fax #:			
Ambulance Phone:			Alarm System Phone #:			
Alarm Panel Type:			Police ID Locator (Registration Number)			
Transmission Format:						
Customer Reports Req'd: Open/Close <input type="checkbox"/> All Activity <input type="checkbox"/>						
Report Frequency: Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> "Live" <input type="checkbox"/>						
Email Address for Subscriber Reports:						
Police Response: Yes <input type="checkbox"/> No <input type="checkbox"/>		Guard Response: Yes <input type="checkbox"/> No <input type="checkbox"/>		List Only: Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Contact / User Names (If more space required, add more on Page 3)</b>						
User #	Name	1st Phone #	2nd Phone #	Password	Keyholder? Y or N	Okay for Changes?
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Open / Close Schedule</b>				<b>Holidays (List days when schedule is invalid)</b>		
Monday		To				
Tuesday		To				
Wednesday		To				
Thursday		To				
Friday		To				
Saturday		To				
Sunday		To				



## SUBSCRIBER INFORMATION FORM (Page 2)

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<b>Premise Name:</b> Mr. Mrs. Ms.			<b>Account #</b>		
<b>Dealer Name</b>			<b>Dealer #</b>		
<i>Zone Information (if more than 32 zones, attach separate list)</i>					
Zone	Signal	Description	Zone	Signal	Description
1			17		
2			18		
3			19		
4			20		
5			21		
6			22		
7			23		
8			24		
9			25		
10			26		
11			27		
12			28		
13			29		
14			30		
15			31		
16			32		
<i>Auto Test Signals</i>					
Signal Transmitted (Code):		Test Frequency:    Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>			
<i>Special Instructions</i>					

**EXTRA PAGES? NO**                       **YES**  If YES, how many?