



# Alarm Program

(\$33 annual fee)

*All fields on this form must be completed:*

Name: \_\_\_\_\_

Unit & Lot Number: \_\_\_\_\_ Territory Address: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Galena Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Security company information

Company name: \_\_\_\_\_

Phone: \_\_\_\_\_

Check all that apply:  Lock box (required)  Key Retention  Alarm  Log House

By signing this form you agree to authorize The Galena Territory Association to release your name and mailing address to the security company listed above.

If you contract with the GTA for this service, the contract will automatically renew each year unless you notify us in writing, by October 1 of the upcoming season that you do not wish to renew the contract. If the price contained in this contract increases, the GTA will publish the new rate at least 30 days in advance to provide you the opportunity to tell us that you do not wish to renew the contract before the increase takes effect.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# GALENA TERRITORY SECURITY DEPARTMENT

2000 TERRITORY DRIVE GALENA, IL 61036

Office: 815-777-2000

Cell: 815-266-6251

## ALARM DATA INFORMATION SHEET

Name: \_\_\_\_\_

Unit & Lot Number: \_\_\_\_\_ Territory Address: \_\_\_\_\_

SECURITY SYSTEM: \_\_\_\_\_

ENTRY LOCATION: \_\_\_\_\_

KEY PAD LOCATION: \_\_\_\_\_

ENTRY CODE: PUSH \_\_\_\_\_ AND WORD/NUMBER \_\_\_\_\_ Instructions: \_\_\_\_\_

ACCESS CODE: PUSH \_\_\_\_\_ CODE USED BY ALARM COMPANY (IF CALLED)

EXIT CODE: PUSH \_\_\_\_\_ AND WORD/NUMBER \_\_\_\_\_

EXIT TIME: \_\_\_\_\_ SECONDS

### DISPATCHING PROCEDURES:

\_\_\_ ALARM COMPANY WILL NOTIFY THE JO DAVIESS COUNTY SHERIFF'S DEPT. (RECOMMENDED)

\_\_\_ OTHER, PLEASE EXPLAIN \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AUDIBLE/SIREN LOCATION \_\_\_\_\_

RESET TIME: \_\_\_\_\_

ALARM SYSTEM COVERAGE (CHECK ONE): \_\_\_ BURGLARY \_\_\_ FIRE \_\_\_ LOW TEMP \_\_\_ CO SENSOR

LOCK BOX INFORMATION: \_\_\_\_\_

(Required for Alarm Program. One time fee \$35)

Are you signed up for the KEY RETENTION PROGRAM? (\$45 annual fee): \_\_\_ YES \_\_\_ NO

*The Key Retention Program is a service to homeowners who may require contractors, suppliers, etc., to enter their home when they are not available.*

CONTRACTOR'S NAME: \_\_\_\_\_ PH# \_\_\_\_\_

FURNACE REPAIR: \_\_\_\_\_ PH# \_\_\_\_\_