



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# _____