

Washington Alarm, Inc.

Providing Quality, Service and Integrity to the Pacific Northwest Since 1943

Account Contact List

Customer Name: _____ Customer Number: _____

Site Specific: Yes No - If yes: Address: _____

Customer Specific (All Sites and Systems Associated): Yes No - If yes, email verification will be sent with all updated details.

Emergency Contact List | *Contacts listed below will be contacted for alarm signal notifications and will have the authority to cancel alarms, place systems on test, request service and authorize account changes, unless they have restricted access.*

****You must have at least two contacts****

Your carriers normal text messaging and data rates apply

Replace all existing contacts on your account with below *All Emergency Contact List Contacts will automatically be replaced.

Contact 1: Name: _____ Password (Required): _____

Mobile Phone: _____ Non-Mobile Phone: _____ Email: _____

Restricted Access: Yes No - If yes, please detail authority: _____

Contact 2: Name: _____ Password (Required): _____

Mobile Phone: _____ Non-Mobile Phone: _____ Email: _____

Restricted Access: Yes No - If yes, please detail authority: _____

Contact 3: Name: _____ Password (Required): _____

Mobile Phone: _____ Non-Mobile Phone: _____ Email: _____

Restricted Access: Yes No - If yes, please detail authority: _____

Contact 4: Name: _____ Password (Required): _____

Mobile Phone: _____ Non-Mobile Phone: _____ Email: _____

Restricted Access: Yes No - If yes, please detail authority: _____

Site Contact List | *Contacts listed below will have the authority to request and schedule. (Fire Inspections, Service Calls, etc.)*

****You must have at least one contact****

Check if Site Contact List is same as Emergency Contact List.

Replace all existing contacts on your account with below

Additional Contacts

Name: _____ Title: _____

Phone: _____ Email: _____

Authority Level: Request and/or Schedule Service Calls Yes No - Request and/or Schedule Inspections Yes No

Name: _____ Title: _____

Phone: _____ Email: _____

Authority Level: Request and/or Schedule Service Calls Yes No - Request and/or Schedule Inspections Yes No

Billing Contact List | *Contacts listed below will be contacted regarding invoicing, status of payment and/or accounting paperwork.*

****You must have at least one contact****

Replace all existing contacts on your account with below

Additional Contacts

Name: _____ Position: _____

Phone: _____ Email: _____

Name: _____ Position: _____

Phone: _____ Email: _____

All contact updates must be requested and/or approved by a current authorized account holder. Washington Alarm will review this at the time this request is submitted and may reach out to appropriate contacts for confirmation if needed.