

DIRECT BILLING ACCOUNT

CHANGE ON EXISTING ACCOUNT

ACCOUNT CHANGE-OVER

ALARM MONITORING SERVICE AGREEMENT

Operations: 1-800-NED-COPS
(800-633-2677)
LYDIA SECURITY MONITORING, INC.
D.B.A. CENTRAL OFFICE PROCESSING SERVICES,
C.O.P.S. MONITORING, AND ALARMWATCH
P.O. BOX 836
Williamstown, NJ 08094

- INTERNAL USE ONLY -

ENTERED BY _____ DATE _____ INVOICE # _____

START MONITORING ON (DATE) 10/29/23 DEALER USE
SUBSCRIBER OR DEALER LIC./REG # 2569 REC.# 1304 ACCOUNT# 3575

THIS AGREEMENT IS MADE THIS 28 DAY OF March, 2023
NAME Town of Elismere - Elevator ("SUBSCRIBER")

MONITORED ADDRESS 11 Poplar Avenue TOWNSHIP _____ STATE DE ZIP CODE 19805
CITY Elismere ("PREMISES")

CALL TO VERIFY PHONE NO. 1 _____ CALL TO VERIFY PHONE NO. 2 _____

SUBJECT TO THE TERMS AND CONDITIONS HEREINAFTER SET FORTH, COMPANY AGREES TO PERFORM MONITORING SERVICES (DEFINED IN THE SECTION TITLED "MONITORING SERVICE") FOR AN ELECTRONIC SECURITY ALARM AND/OR VIDEO AND/OR VOICE COMMUNICATION SYSTEM ("SYSTEM"), AS A SUBCONTRACTOR OF Delicallio Security ("DEALER").

YOU UNDERSTAND AND AGREE THAT YOUR LOCAL MUNICIPALITY MAY REQUIRE THAT YOU OBTAIN A LICENSE OR PERMIT FOR THE USE OR MONITORING OF THE SYSTEM AND THAT YOU ARE SOLELY RESPONSIBLE FOR DETERMINING AND COMPLYING WITH SUCH OBLIGATIONS. ACCOUNT IS U.L. CERTIFIED FOR FM CERTIFIED FOR BURG. FIRE COMMERCIAL RESIDENTIAL

PASS CODES: _____ / _____ / _____
COMMENTS: This is an elevator alarm
TRANSMISSION FORMAT: _____
ACT TYPE: COMMERCIAL RESIDENTIAL
PANEL TYPE: Ktech ET901
2-WAY VOICE MODULE: _____

AUTHORITIES LISTED IN ORDER AGENCIES OR AUTHORITIES TO BE NOTIFIED CHECK P=POLICE, F=FIRE, M=MEDICAL, OR A=AUXILIARY
PHONE #:

P1 F1 M1 A1 CALL: Palisce (302) 656-1357
P2 F2 M2 A2 CALL: Fire (302) 656-3939
P3 F3 M3 A3 CALL: Medical (302) 656-3939

RESP. PARTIES RESPONDING PARTIES (RP) LISTED IN ORDER TO BE NOTIFIED UPON RECEIPT OF SIGNALS FOR LISTED CODES. LIST ONLY ONE NOTIFICATION METHOD PER LINE. IF RP HAS MULTIPLE CONTACT METHODS, LIST RP MULTIPLE TIMES.

NAME	CHOOSE ONE NOTIFICATION METHOD:		PHONE NUMBER OR EMAIL ADDRESS	PHONE DESCRIPTION OR CELL PHONE CARRIER FOR TEXT MESSAGES
	CALL	EMAIL TEXT		
1. _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
6. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

ALARM COMPANY NOTIFICATION
ATTENTION DEALER: ALARM NOTIFICATION WILL BE SENT VIA COP-A-FAX OR EMAIL IF YOU HAVE ACTIVATED EITHER SERVICE. IF DEALER PHONE NOTIFICATION IS REQUIRED, INDICATE WITH EITHER 'A' (ALARM COMPANY NOTIFICATION) OR 'R' (RUNNER FOR FIRE SYSTEM RESPONSE) IN 'AL CO' FIELD.

CODE/ ZONE	USE TEMPLATE #	ATTACH RIDER FOR SPECIAL INSTRUCTIONS OR ADDITIONAL CODES	CHECK ONE (IF APPLICABLE)		AUTHORITY REF #	RESPONDING PARTY REF #	AL CO
			CALL TO VERIFY	NOTIFY TO PREMISES			
	<input type="checkbox"/> SUPERVISED TEST FREQUENCY (i.e. 24, 72, 168, etc.): _____	<input type="checkbox"/> CODE SPECIFIC	<input type="checkbox"/>	<input type="checkbox"/>			
	OPENING/CLOSING: <input type="checkbox"/> SUPERVISED <input type="checkbox"/> UNSUPERVISED		<input type="checkbox"/>	<input type="checkbox"/>			
	CONDITION _____		<input type="checkbox"/>	<input type="checkbox"/>			
	CONDITION _____		<input type="checkbox"/>	<input type="checkbox"/>			
	CONDITION _____		<input type="checkbox"/>	<input type="checkbox"/>			
	CONDITION _____		<input type="checkbox"/>	<input type="checkbox"/>			
	CONDITION _____		<input type="checkbox"/>	<input type="checkbox"/>			
	CONDITION _____		<input type="checkbox"/>	<input type="checkbox"/>			
	CONDITION _____		<input type="checkbox"/>	<input type="checkbox"/>			
	CONDITION _____		<input type="checkbox"/>	<input type="checkbox"/>			
	CONDITION _____		<input type="checkbox"/>	<input type="checkbox"/>			

- DISPATCH MODIFICATION (SELECT ONLY ONE)
- ACTIVATE "SUBSCRIBER DELAY OF DISPATCH" MODIFICATION TO MY ACCOUNT (MAXIMUM OF FOUR SEPARATE CALLS PRIOR TO DISPATCH)
 - ACTIVATE "MULTIPLE ALARM ANALYSIS" BEFORE RESPONDING TO MY ACCOUNT: DO NOT RESPOND TO A BURGLAR ALARM SIGNAL UNLESS MORE THAN ONE UNIQUE CODE OR ZONE IS RECEIVED WITHIN _____ MINUTES (MAXIMUM 10 MINUTES)

