



Dealer Name: Citizens Telephone
Dealer Number: 009
Dealer Telephone Number: 540-745-2111
Monitoring Station Number: 866-200-7399

220 Webbs Mill Road
Floyd, VA 24091

Basic 2-Way Medical Alert		Alarm Center Account #:	
Citizens Account #:		Base Serial #:	
Date Monitoring Begins:		Number of Transmitters:	Pendant: Wall:
Customer Name:		Power Outage Notification Yes / No	Install Date: _____ Lease: _____ Purchase: _____
911 Address:			Apt # _____
City, State, Zip:			
Premise Phone #:		Alternate Phone #:	

*******Emergency Agencies*******

	<u>EMS</u>	<u>FIRE</u>	<u>OTHER/BURGLARY</u>
Telephone Number			
Name			
City / State/ Zip			

Customer Contact List: <i>Customer's premise will be called first, then Dispatch, then other contacts</i>	<u>CONTACT NAME</u>	<u>MAIN CONTACT</u>	<u>ADDITIONAL CONTACT #</u>
Requested Order: 1st			
2nd			
3rd			
4th			

Male or Female: M / F **Birth Date: _____** **Weight: _____**

Special Instructions:	
House Information:	
Past Health History:	
Current Health History:	
Current Medications:	
DRUG ALLERGIES:	
Information Supplied By:	

I (we) the undersigned, hereby acknowledge that I (we) have reviewed the above information and note that all the information is correct and true to the best of my (our) knowledge and do not hold Citizens Telephone responsible for any information that was incorrectly given. I also acknowledge that I have received a copy of the Citizens Medic Alert System Agreement and agree to the terms and conditions of the agreement.

Signed: _____ **Date: _____**