



Security Services Contract

Alarm Center Account # : _____ Date Monitoring Begins: _____

PO Box 137
Floyd, VA 24091
540-745-2111
DCJS License # 11-9804

Residential _____
Commercial _____

Customer Information:		
Name: _____	Premise Phone # _____	
Address: _____		
City: _____	State: _____	Zip: _____

Services Provided:	Billing:
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Electronic Monitoring Services:
 System Type: _____
 _____ Burglary
 _____ Carbon Monoxide
 _____ Smoke Detection
 _____ Other

Contract Term:
 _____ 1-Year _____ 2-Year _____ Other
 _____ Service Charge - \$60
 _____ Hourly Labor Rate - \$80

By initialing below, I acknowledge that 1) The Citizens Security Technician explained equipment and services available; 2) I understand I may obtain additional equipment and services over those described above at an additional cost; 3) I have selected and contracted for only the equipment and services described in this contract; 4) I have been informed that I should test the system and all equipment weekly; 5) I understand that Citizens is not a security consultant.

Customer Initials: _____ Date: _____

Monthly Charges:	Installation Charges:
Monthly Fee: _____	Equipment: _____
Additional Monthly Charges: _____	Installation: _____
Total Charges _____	Sales Tax: _____
	Total Installation: _____

Passcode: _____

Zones and Descriptions				Additional Equipment	
Zone	Description	Zone	Description	Description	Price
				Total	

Dispatch Information: Police (____) _____ Fire (____) _____ Medical (____) _____
 County _____ County _____ County _____

Call List For Alarms (List in order numbers you wish to be called).

Name	Phone Number	Name	Phone Number
1)		4)	
2)		5)	
3)		6)	

By signing below, I acknowledge that I have read the Security Services Contract and the attached Terms and Conditions. I understand all the terms and conditions of this contract, including but not limited to: paragraph 5, 6, 7, 8, 9 and 10. I am aware of the following: no alarm system can guarantee prevention of loss; human error is always possible; alarm signals may not be received if the telephone line or other alarm transmission system is cut, disconnected, interfered with, or otherwise damaged. I acknowledge that I have received a copy of this document and have been trained and understand how to operate my security system.

Customer Signature: _____

Citizens Security Technician: _____

Date: _____

Office Use Only: Customer would like contract:
 Emailed (Email Address): _____
 Mailed to address on file: _____