

Dickinson County Administration

109 East First Street, Suite 208

Abilene, KS 67410

Phone 785-263-3120

Fax 785-263-2949

For communications personnel

Account # _____

Date Recd. _____

Alarm Subscriber Data Sheet

Subscriber/Business Name: _____

Primary Contact Name: _____ e-mail: _____

Subscriber/Business address: _____ City: _____ Zip: _____

Billing Address:(if different than above) _____ City: _____ Zip: _____

Premise phone #: _____ Type of alarm(s): Burglar ___ Fire ___ Holdup/Panic: ___ Medical: ___

Alarm Co. Name : _____ Alarm Co. Phone #: _____

Special Comments: (i.e. Safe locations, explosives storage, handicapped occupants, etc) _____

Emergency Contact Listing

(in order of priority)

Contact #1 Name: _____ Home Phone: _____ Cell Phone: _____

Work Phone: _____ Other Phone : _____ Other Phone: _____

Contact #2 Name: _____ Home Phone: _____ Cell Phone: _____

Work Phone: _____ Other Phone: _____ Other Phone: _____

Contact #3 Name: _____ Home Phone: _____ Cell Phone: _____

Work Phone: _____ Other Phone: _____ Other Phone: _____

Contact #4 Name: _____ Home Phone: _____ Cell Phone: _____

Work Phone: _____ Other Phone: _____ Other Phone: _____

Contact #5 Name: _____ Home Phone: _____ Cell Phone: _____

Work Phone: _____ Other Phone: _____ Other Phone: _____

Name of person authorizing contact listing: _____ Phone: _____

Any changes in contact information should be forwarded to the Communications Center Immediately!