



OWNER'S INSURANCE PREMIUM CREDIT REQUEST

This form should be completed and forwarded to your homeowner's insurance carrier for possible premium credits.

A. GENERAL INFORMATION

Insured's Name and Address _____

Insurance Company _____ Policy No. _____

ADEMCO System VIA-300SE VISTA-15P (circle one)

Type of Alarm: _____ Burglary _____ Fire _____ Both

Installed by: Complete Security Solutions, Inc. Serviced by: Same
1995 Henry Ave
Bryant, AR 72022
501-804-5994 ph. 501-847-8086 fax

B. NOTIFIES (Insert B for Burglary, F for Fire, where appropriate):

Local Sounding Device: B Police Department: B Fire Dept: Central Station: B

Name and Address: Monitronics International, Dallas, TX

C. POWERED BY: 12-16 VAC with Rechargeable Backup Battery Power Supply

D. TESTING: _____ Quarterly ___XXX___ Monthly _____ Weekly _____ Other

E. ADDITIONAL PERTINENT INFORMATION:

INSTALLED ON: _____

BY: _____