STRIKE
ALARMS & SECURITY

Start Date: _____
Term: _____
Billing Cycle starts on the 15th, Due on the 1st.

5998 Sawmill Road, Oliver BC.
PO Box 896
Oliver BC, V0H 1T0

Account # _____

Office: 250-485-4366 **(Please call the office for any updates)**
Monitoring Station: 1-844-811-4746

Name: Business or Home Owner _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Day Time Hours:							
Night Time Hours:							

Authorized Users

Call Sequence	First Name	Last Name	Position: Example: Owner, Manager, Janitor, Neighbor ect...	Verbal Code "All OK"	Authorized to make changes Y or N	Key Holder Y or No	1st Contact phone number	2nd Contact phone number	User #	Entry Code	Notes
1st											
2nd											
3rd											
4th											
5th											
6th											
7th											
8th											
9th											
10th											
11th											
12th											
13th											
14th											
15th											