

Militia Hill Security, Inc.

COMMERCIAL AND RESIDENTIAL SECURITY SYSTEMS
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SCHEDULE A - Agreement for Remote Station Services

1. CUSTOMER INFORMATION

Account Number: _____ Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Township: _____ County: _____

Premise Telephone Number(s): (_____) _____

this number will be called first when verifying an alarm at the premise

Password: _____ Arm/Disarm Code: _____

(Maximum of 10 letters/spaces)

2. EMERGENCY RESPONSE:

Police Dept.Tele#: _____ Township: _____

Fire Dept.Tele# : _____ Township: _____

(The fire dept. will be dispatched immediately on any fire alarm occurring in the city of Philadelphia, and on all commercial accounts, and nursing homes.)

3. EMERGENCY CONTACTS:

Please designate home=h, pager=p, cell=c, work=w

1. _____ () _____ ()
2. _____ () _____ ()
3. _____ () _____ ()
4. _____ () _____ ()