



## Instructions, definitions, and clarifications for completing the **Client Information Form**

**This form is required to be completed by all new clients and updated by existing clients when information changes.** The information is needed to provide necessary, efficient, and expected service from YPS departments. Existing clients: use this to update your information. Call us if you have questions.

**USE SPECIAL CARE: Information you provide is used to respond to threats to life safety** or other serious/critical conditions. When finished, please check the information again. Same person must be listed in several places? Please enter the information each time.

**PASSWORD:** A **word** used to identify any authorized system user. Password identification is required to access information on your system, make changes, requests, and to identify users in alarm verification procedures. NOTE: Password you choose should be easy to remember! Existing clients: enter your password.

**SUBSCRIBER INFO: LOCATION address, state, zip, area code, telephone number, website, etc.** Where the system is installed - the location of the security system.

**FAX NUMBER, E-MAIL:** Please provide these for necessary transmission of important updates, information, and notifications regarding your system. **Note:** We do not fax or email without good cause and do so only to communicate essential information. Please see our **Privacy Policy**.

**CALL LIST - ENHANCED CALL VERIFICATION:** After calling the premises to verify if the burglar alarm is valid, a second call is made to a second contact **prior** to dispatching police (please see materials on Enhanced Call Verification). Enhanced Call Verification is **ONLY** used for burglar alarms.

**CALL LIST:** After alarm reporting to authorities, we telephone persons you list on your Call List (must know your system and its operation) until one of them has been contacted. You need to list at least 3 people. **They are telephoned in the order you place them on the Call List - #1 called first, then # 2, etc.**

**CELL LIST:** Cell phone number list for text messaging. List up to 3.

**ORGANIZATION CONTACTS:** As applicable, please list department contacts, telephone, and e-mail.

**SYSTEM ADMINISTRATOR:** Person authorized to add/delete system users/codes and make system changes.

**LANDMARK/INTERSECTION:** Major building/landmark, road/intersection closest to your business or home - this helps authorities and also service personnel more quickly and accurately identify the location.

**POLICE & FIRE DEPARTMENTS:** The departments with jurisdiction for your location with their emergency numbers.

**OTHER:** Optionally list contacts for us to call for glass replacement, plumber, locksmith, guard company, etc.

**AUTHORIZED SIGNATURE:** Must be signed by the System Administrator.

**VERY IMPORTANT: PLEASE VERIFY that all information and all numbers are correct.**

PO Box 980  
Warren, Ohio  
44482-0980



800-544-9591  
Data Entry, Ext. 104 from  
8A.M. - 4:30P.M. M.-F.

www.yps-security.com

## Interactive: Client Information Form

Please TYPE in the information on your computer, PRINT it, SIGN both pages, and FAX to 330-392-2821

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Password (for alarms):

Subscriber/Client Name:  Area Code/Telephone:

Organization Name:

**Complete LOCATION Address:** Number and Street, City, State, Zip, in the box below - **Add Mailing address IF DIFFERENT**

**LOCATION Address:**

**MAILING Address:**

Area Code/FAX:  Website: www.

Client Email:

**For all entries below please use this format: Full Name 000-000-0000 (Area Code-Telephone)**

**CALL LIST - ENHANCED CALL VERIFICATION:** After calling the premises to verify if the burglar alarm is valid, a second call to a second contact is made prior to dispatching police. Burglar alarms only. Please see material on Enhanced Call Verification

1.  TEL  2.  TEL

**CALL LIST for Alarm Systems:** After reporting an alarm condition to authorities, the following person(s) are to be called until one (1) of them has been informed of the situation (**List 3 minimum**; be sure to inform us if personnel change):

1.  TEL  2.  TEL

3.  TEL  4.  TEL

### Cell Phone Text Messaging Contacts

### Cell-Area Code-Telephone

Person #1:  TEL

Person #2:  TEL

Person #3:  TEL

**Be sure to verify that all numbers and other information submitted are correct. Errors can slow response and critical notifications, or create delays in service or other problems in areas that impact security.**

**AUTHORIZED  
SIGNATURE: X** \_\_\_\_\_

Date: 00/00/0000

SEE Page 2. After complete, PRINT, SIGN both pages, and Fax to 330-392-2821

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See Page 2

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For any clarifications, consult the instructions for this Client Information Form first.  
If needed, please contact the Data Entry Dept. or your sales representative.

**Organization Department Contacts**

**Area Code-Telephone**

**Email Address**

Purchasing Agent:	<input type="text"/>	TEL	<input type="text"/>	Email:	<input type="text"/>
Maintenance Mgr:	<input type="text"/>	TEL	<input type="text"/>	Email:	<input type="text"/>
Accounting/Billing:	<input type="text"/>	TEL	<input type="text"/>	Email:	<input type="text"/>
System Admin:	<input type="text"/>	TEL	<input type="text"/>	Email:	<input type="text"/>

**ADDITIONAL SYSTEM ADMINISTRATORS** authorized to make system and data changes. Please indicate their **authority level:**  
1 ) user only; ( 2 ) client defined; ( 3 ) issue service orders & info about system; ( 4 ) total system administration

Name	Authorization Level	Name	Authorization Level
1. <input type="text"/>	Auth Level: <input type="text"/>	2. <input type="text"/>	Auth Level: <input type="text"/>
3. <input type="text"/>	Auth Level: <input type="text"/>	4. <input type="text"/>	Auth Level: <input type="text"/>
5. <input type="text"/>	Auth Level: <input type="text"/>	6. <input type="text"/>	Auth Level: <input type="text"/>

**AUTHORITIES HAVING JURISDICTION (AHJ)** - the departments with jurisdiction for your location with their **emergency telephone numbers** - **OTHER** optional contacts

Landmark/Intersection note:

POLICE Department:	<input type="text"/>	<b>A/C &amp; TEL:</b>	<input type="text"/>
FIRE Department:	<input type="text"/>	<b>A/C &amp; TEL:</b>	<input type="text"/>
OTHER:	<input type="text"/>	<b>A/C &amp; TEL:</b>	<input type="text"/>
OTHER:	<input type="text"/>	<b>A/C &amp; TEL:</b>	<input type="text"/>
OTHER:	<input type="text"/>	<b>A/C &amp; TEL:</b>	<input type="text"/>

Notes:

**AUTHORIZED SIGNATURE: X** \_\_\_\_\_

**Date: 00/00/0000**