



# KISSING CAMELS ESTATES

## Monitoring Agency Notice Form

Date: \_\_\_\_\_

### Resident Information

Resident's Name: \_\_\_\_\_

Resident's Address: \_\_\_\_\_

Resident's Contact Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Other: \_\_\_\_\_

### Monitoring Agency Company Information:

Name of Company: \_\_\_\_\_

Alarms Monitored:            Intrusion            Fire            Medical

Other, please explain: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Alarms Monitored:            Intrusion            Fire            Medical

Other, please explain: \_\_\_\_\_

### Local Emergency Contact Information:

Name \_\_\_\_\_ Relation: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

Comments: \_\_\_\_\_

Name \_\_\_\_\_ Relation: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

Comments: \_\_\_\_\_

Name \_\_\_\_\_ Relation: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

Comments: \_\_\_\_\_