



# STEALTH OPTIMUM SECURITY

## CUSTOMER INFORMATION FORM

PLEASE FILL OUT A LIST OF CONTACTS YOU WOULD LIKE NOTIFIED IF AN ALARM OCCURS.  
PLEASE LIST IN THE ORDER YOU WOULD LIKE THEM CALLED.

NAME	HOME #	WORK#	CELL#
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

WOULD YOU LIKE THE PREMISE CALLED FIRST?      YES      NO  
WOULD YOU LIKE A DIFFERENT CONTACT CALLED FOR A TEMPERATURE ALARM?  
EXAMPLE: AC & HEATING CONTRACTOR

1. \_\_\_\_\_

PLEASE PROVIDE A PERSONAL PASSWORD UNIQUE TO YOU THAT YOU WILL REMEMBER  
FOR TESTING OR CANCELLING ALARMS. THIS CAN BE UP TO 10 CHARACTERS LONG. DO  
NOT GIVE THIS PASSWORD TO ANYONE WHO SHOULD NOT BE ABLE TO DISARM THE SYSTEM.

\_\_\_\_\_

PLEASE PROVIDE A 4 DIGIT CODE OR CODES FOR ARMING / DISARMING YOUR SYSTEM.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Customer Name & Premise Address

ST. CROIX FALLS WI. 54024

715-483-3900

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