



Customer Change Form

FAX THIS FORM TO 1.888.765.1671

CURRENT INFORMATION

1. Serial number (from the bottom of your alarm unit)

2. Your current password

CHANGE PASSWORD?

3. Your new password (optional)

4. Your current address
Company Name

Address

City State Zip

Location Phone #

Email

CHANGE ADDRESS?

tattletale will call you to test the alarm at the new location.

5. If you are moving the alarm unit, list your new address:
Company Name

Address

City State Zip

Location Phone #

Email

List any special instructions that will help authorities find your new location.

6. List your new police and fire information
Police Department Name

Phone Number (not 911)

FIRE Department Name

Phone Number (not 911)

CONTACT INFORMATION

6. In the event of an alarm event tattletale will call, in order:
1. Premise (where the alarm unit is located) Phone #
 2. Local Police Department
 3. Your Emergency Contact List

Do you wish to change this order? If so indicate your preferred order by numbering the adjacent boxes.

EMERGENCY CONTACT LIST

7. DO YOU WISH TO DELETE ALL PREVIOUS CONTACTS AND REPLACE THEM WITH THE LIST BELOW?

YES NO

If you do not delete all previous contacts, any new contacts will be added to the contact list AFTER any current contacts.

FIRST

Name

Phone Number

Type (circle one) Mobile Home Pager Other:

ADD CHANGE DELETE

SECOND

Name

Phone Number

Type (circle one) Mobile Home Pager Other:

ADD CHANGE DELETE

THIRD

Name

Phone Number

Type (circle one) Mobile Home Pager Other:

ADD CHANGE DELETE

FOURTH

Name

Phone Number

Type (circle one) Mobile Home Pager Other:

ADD CHANGE DELETE

YOUR SIGNATURE

Signature

REV. 9/8/06

Date