



Northern Communication Services Inc. operating as Northern911

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Monitoring
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data.entry@northern911.com

MONITORING DETAILS FORM

Acct#: _____ Install Co.: _____

Install/Monitored Name/Address

Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Nearest Cross Street: _____

Premise # _____ Phone Service Provider: _____

***If no home phone, list cell(s) as premise number:** _____ / _____

Permit # _____ Lock Box # _____

Alarm signals will be called. Email also? Yes or No

Low priority signals (ex. low battery, supervisory) by Email or Phone

Email #1: _____ Email #2: _____

****PLEASE ENSURE YOU ADVISE US OF ANY EMAIL ADDRESS CHANGES FOR YOUR ACCOUNT****

Residential Commercial Panel Type: _____

Receiver # _____ Panel Phone # _____

Two Way Voice Yes or No

Communication Type(s): Bell/POTS VoIP/Cable IP Cellular/GSM

GSM Type/Provider: _____ Primary or Back up

GSM plan: Basic ULC Supervision Other Specify: _____

ULC Certificate: Yes No BURG FIRE

Has ULC template been submitted to data entry email? Yes or No

Testing and Reporting

Auto Test timer: Daily Weekly Monthly or Other _____

Open/Close Report: Daily Weekly Monthly Email to: _____

Supervision: Call for Late to Open and/or Late to Close Open Close

Please enter the actual times at which you wish to have the Late to Open/Late to Close signal called out.

Day	Open	Close	Day	Open	Close	Day	Open	Close
Monday			Thursday			Sunday		
Tuesday			Friday			Holiday		
Wednesday			Saturday					

Initials _____

Account Call Out and Responding Party List

If you are in a rural area, provide the name of the responding authority that attends your premise.

Police _____

Fire _____

Ambulance _____

Verbal Passcode 4 – 10 characters Do not use 911, FIRE, HELP, POLICE, or any profanity, etc.

Please note that the list below will be called in the order it is entered.

Verbal Passcode	Name	Changes Y/N	User #	Phone #
1	Premise (shared passcode)			
2				
3				
4				
5				
6				
7				
8				
9				

Guard Service Roll: No Guard Guard instead of Police Guard Only, no police or responding party

Account Zone Information

SIA Contact ID 4/2 format Additional zone pages attached Yes or No

Please provide the full zone code below, ex. SIA - BA01, Contact ID - E130001 or 4/2 format - 34

Zone	Type	Description	Zone	Type	Description
FA01	ex. FIRE	ex. Upstairs smoke detector	10		
1			11		
2			12		
3			13		
4			14		
5			15		
6			16		
7			17		
8			18		
9			19		

Additional Comments (ex: direction or special dispatch instructions):

By signing here, you agree that you have read and verified the accuracy of the above

Date: _____ Signature: _____