



Northern Communication Services Inc. operating as Northern911

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Monitoring
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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 # _____

All High-Priority alarm signals (ex. Burg, Fire) will be called out. Email also? Yes [] or No []

Notification for Low priority signals (ex. low battery, supervisory) by Email [] by Phone [] Both []

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.

Table with 9 columns: Day, Open, Close, Day, Open, Close, Day, Open, Close. Rows include Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday, Holiday.

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 must be 4 – 10 characters long. 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: _____