

## CHANGE OF INFORMATION FORM

For your convenience, Customer Information Changes can be made by using this form. Simply complete this form on your screen, then print and fax your form to (951)736-6129. We've even included a fax cover sheet for your convenience. Unfortunately, due to security reasons, we are not able to accept changes over the Internet at this time. If you require immediate assistance, please contact us at (951)736-5234.

ACCOUNT NAME	DATE	TIME
SITE ADDRESS	PHONE	
CITY	CENTRAL STATION #	
STATE                      ZIP	PASSWORD	
REQUESTED BY	AUTHORIZED BY Operations Manager                      Regional Manager	

### CHANGE OF INFORMATION

Use the area below to indicate the changes you wish to be made.

PERMANENT - EFFECTIVE DATE	TEMPORARY - FROM	TO
CHANGE MAIN PASSWORD FROM	TO	
ADD, CHANGE, OR DELETE THE PASSWORDS FOR THE FOLLOWING PEOPLE:		
	Add	Change      Delete
	Add	Change      Delete
ADD, CHANGE, OR DELETE THE FOLLOWING PEOPLE FROM MY CALL LIST:		
	Add	Change      Delete
	Add	Change      Delete
ADD, CHANGE, OR DELETE THE FOLLOWING PASSCODE FROM MY SYSTEM:		
User Code #:	Passcode #	Add      Change      Delete
User Code #:	Passcode #	Add      Change      Delete
Ultrasafe Security Specialists, requires an alarm TELCO number to change Passcodes. You will be contacted if we do not have your number on record.		

### ADDITIONAL CHANGES

Use the area below to describe any additional changes.

Customer Signature	Print Name	Title	Date
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This form must be signed by an authorized Customer. All changes must be submitted to Ultrasafe Security Specialist. in writing by an authorized customer.

<b>FOR OFFICE USE ONLY</b>	SIGNATURE OF EMPLOYEE RECEIVING INFORMATION:	DATE:	TIME:
	ENTERED BY:	DATE:	TIME:
	NOTES:		

# FAX COVER SHEET

DATE:	TIME:	TOTAL # OF PAGES: INCLUDING COVER
		2
<hr/>		
To:	FAX #:	
<i>Customer Service</i>	<i>(951)736-6129</i>	
<hr/>		
COMPANY:		
<i>Ultrasafe_Security_Specialists</i>	<i>(951)736-5234</i>	
<hr/>		
FROM:		
<hr/>		
SUBJECT:		
<i>Change of Information</i>		
<hr/>		
COMMENTS:		
<p>Dear Ultrasafe Security Specialists, Customer Service Department:</p> <p>I would like to make the following changes to my account information. Attached is the Change of Information form with the requested changes noted.</p> <p>Please call me to confirm receipt of this request form.</p> <p>Thank you,</p>		

IF YOU DO NOT RECEIVE ALL PAGES, PLEASE CALL US IMMEDIATELY.

Confidentiality Note

The information contained in this facsimile message is intended for the use of the individual or entity to which it is addressed, and may contain information that is privileged and confidential. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the above address via the U.S. Postal Service. Thank you.