



Alarm Account #: _____

**IDENTIFICATION OF CONTACT PERSONS
ALARM MONITORING SERVICE**

BUILDING NUMBER	
BUILDING IDENTIFICATION NAME	
CUSTOMER ID (see invoice)	
CUSTOMER (BILLING) NAME (see invoice)	

In the event of a system notification as per the client's alarm monitoring contract, those listed below will be contacted and advised as to the nature of the alarm.

This form must be completed for all new, permanent or temporary changes to the contact list. This list is to be updated annually, but it is the responsibility of the client to ensure this contact list is up to date and accurate.

	Name	Telephone Business Number	Cellular Phone Number	Home Phone Number
Name 1st Contact				
Name 2nd Contact				
Name 3rd Contact				
Additional Contact				

DATE (Customer)		NAME & TITLE (Customer)	
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DATE ENTERED (Dispatch)		ENTERED BY (Dispatch):	
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Email to: dispatch@iqaluit.ca

The City of Iqaluit dispatch services will not be held accountable for any damages caused due to the fact that contact personnel cannot be reached by phone if he or she is not available to respond to the building. The customer assumes all legal responsibility if no one is available to respond to alarm notification.