PSI
Protection Service Industries, L.P.

SCHEDULE OF PROTECTION

CLIENT: _____ HOME PHONE: (____) _____

ADDRESS: _____ WORK PHONE: (____) _____

CITY: _____ KEY MAP#: _____ X-STREET: _____

CNTY/STATE/ZIP: _____ CONTRACT DATE: _____

SECURITY REP: _____ EE#: _____ SYSTEM #: _____ CUSTOMER #: _____

SALES CHECK LIST: If two or more (*) are marked below, a wireless system is needed.

Structure type: ❏1-Story ❏2-Story ❏*Multi Level ❏*Condo ❏*Townhome ❏Trailer Home ❏Office ❏Warehouse ❏Other _____

Foundation type: ❏*Slab ❏Crawl ❏Other: _____ Ceiling type: ❏Normal ❏Suspended ❏*Vaulted / Cathedral

Floor: ❏*Tile ❏*Hardwood ❏Other: _____ Pets: ❏Yes ❏No (Total size in lbs. _____)

Detached Building: ❏Yes ❏No Pager Feature: ❏Off ❏On (Pager must be on site)

Conduit Required: ❏Yes ❏No Attic: ❏Full ❏Partial ❏Over 3 Ft. High ❏*Under 3 Ft. High ❏*None

Telephone On: ❏Yes ❏No Over 10 Ft. Ceilings: ❏Yes ❏No

AC Power On: ❏Yes ❏No Carpet: ❏*Berber ❏Shag ❏*Commerical Grade ❏*New ❏Old

New Homeowner: ❏Yes ❏No Escrow / Ins.#: _____ Escrow / Ins. Phone #: (_____) _____

Special Instructions:

SCHEDULE OF PROTECTION: Equipment placement to be mutually agreed upon between the PSI Installer and the client.

COMPONENT	MFG#	RUN/RF ID#	ZONE	LOCATION	PRICE	TAX
Standard Pkg - Panel/XFMR						
Keypad						
Motion Detector						

EMERGENCY INFORMATION: Call Monitoring at (800) 444-3541 to update the following information: **Abort PIN #:** ___ ___ ___ ___

Emergency Information: These people may be called to authorize service or respond to alarms:

Name: _____ Phone #: (____) _____ Ext/Loc _____ Key (❏Yes ❏No)

Name: _____ Phone #: (____) _____ Ext/Loc _____ Key (❏Yes ❏No)

Name: _____ Phone #: (____) _____ Ext/Loc _____ Key (❏Yes ❏No)

Client: _____ Installer: _____ EE#: _____ Online Date: _____

NOTES/DIAGRAM: