

Home Electronic Life Protection, Inc. 117 Washington Street Plainville, MA 02762

Email: service@helpinc.com

Phone: 508-699-0300 Fax: 508-699-5637

Call List Change Form

ignal/Account Number:	Hon	ne/Site Pho	one Number	: (
		City:					
ite Address:							
Name of person requesting changes:_				Title:			
ist the names and phone numbers of hey should be contacted. If you do no contacted immediately after the verify t is recommended that you have no make dispatched) so that police or fire recommended.	ot specify otherwise, the phone number which nore than two verify plesponse to an actual a	ne local au should be none numb larm is not	thority (polic the first pho pers (numbe delayed sign	ce or fire departnone number listed rs that are called nificantly. To hel	nent) will d. <u>before</u> au p prevent	be uthorities	
llarms, you must have at least one ver	rify phone number wh	ich is typic	ally the hom	e or site phone n	umber.		
<u>Pre-Dispatch</u> Name:	Pho	Phone Number:			Type: (Cell/Work/Home		
·)	-	Н	С	W	
)		Н	С	W	
Post-Dispatch Name:	_()	-	н	С	W	
J)	-	H	С	W	
j)		Н	С	W	
j)		H	С	W	
7)	-	H	С	W	
ignature of person requesting change	es	Passcode		Date			
Please allow up to five business days	for changes to be plac	ed in affec	t.				
or office use only:	/by_						