



Home Electronic Life Protection, Inc.
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Keypad Code Change Form

Customer Name: _____

Signal/Account Number: _____ Home/Site Phone Number: (____) _____ - _____

Site Address: _____ City: _____ State: _____

Name of person requesting changes: _____ Title: _____

Please print all keypad code changes below and fill in all of the corresponding information. Make sure to select either add or delete for each code. All code changes must include the user name and four-digit code number.

Name:	Keypad Code:	Partition #:	Add:	Delete:
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Please note, it is the customer's responsibility to keep a list of and make sure all the current keypad codes are accurate.

 Signature of person requesting changes Passcode Date

**Please allow up to five business days for changes to be placed in affect.*

For office use only: Received on ___/___/___ by _____
 Processed on ___/___/___ by _____ Faxed Emailed Manual Input