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Passcode Change Form

Customer Name: _____

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

Site Address: _____ City: _____ State: _____

Name of person requesting changes: _____ Title: _____

Please check the box next to the action you'd like to be processed. Then fill in all of the corresponding information.

I want to change an existing passcode.

My passcode is _____.

The passcode I want changed is _____.

The new passcode will be _____.

I want to add a new passcode for this account.

My passcode is _____.

The passcode I would to add is _____.

This passcode belongs to _____ (name of person who uses this passcode.)

I want to set up all keypad codes to be used as each person's individual passcode for this account. *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

 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