

TSI ACCOUNT INFORMATION FORM

Phone: 702-967-0000

Fax: 702-967-5796

Last Name: _____ Email Address _____
 First Name: _____
 Address: _____ Email Address _____
 City: _____ Zip: _____
 Phone: _____
 Gated Community Access Code _____

User Authority (Choose one):

ALL-CLEAR CODE / PASS CODE (No more than TEN (12) characters): _____
 (Select a word or number that will be used by all users and allow them Full Authority to cancel alarm events and make changes on the account.)

OR

PIN (Personal Identification Number): Select a PIN below and select an Authority Level for each person. PIN can only be numbers and at least 4 digits.

- Levels:
- F = Full Authority (date changes, cancel alarms, place on test, request service, open outside of schedule)
 - I = Irregular Authority (cancel alarms, place on test, request service, open outside of schedule)
 - P = Partial Authority (cancel alarms, place on test, request service)
 - L = Limited Authority (cancel alarms, request service)
 - M = Maintenance (cancel alarms, open outside of schedule)
 - C = Call List (alarms notification only)

Contact Information and Alarm User Information; (Please list in the order to be notified.)

Name	PIN#	Hm#	Wk#	Cell#	Level

SCHEDULE - Commercial accounts only, (only applies to accounts with open and close with schedule services).

Hrs - (hours your employees arrive and leave the premises)

	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Open							
Close							
Open							
Close							

Holidays: Circle the ones that you will be observing and not opening your business for those days. Write in any we may have left out.

- New Years Day
MLK Jr. Day
Presidents Day
Good Friday
Memorial Day
- Independence Day
Labor Day
Columbus Day
Veterans Day
Thanksgiving Day
- Day After Thanksgiving
Christmas Eve
Christmas Day
New Years Eve

ACCOUNT INFO

Signature of current PIN or authorized person _____ Date _____