Dispatch Center, Ltd. - Subscriber Information Form

Email to: dataentry@dispatchcenter.net

Data Entry Hours: Monday - Friday, 08:00 - 16:00, Central Standard Time

Dealer Name:		**Acct #:**	
Submitted By:		**Date:**	
	New Acct ☐ **Update** ☐		
Abort Code:		**Format:**	CID ☐ 4x2 ☐
Account Name:			SIA ☐ Other ☐
		Panel Type:	
Address:			
		Permit	
City:		**State:**	**Zip**
Location Phone:			**Keymap**
Panel Phone:			
Account Type:	Residential ☐ Commercial ☐ Other ☐		
Timer Test:	N - No Timer Test Interval	N/A	
Time Zone:	Central Standard Time (CST)		
Open/Close Schedule			

Day		Open Time		Close Time		O/C Tolorence		
Day		Open Time		Close Time		O/C Tolorence		
Day		Open Time		Close Time		O/C Tolorence		
Day		Open Time		Close Time		O/C Tolorence		

Open/Close Report Options	N/A	**Subscriber e-mail address**	

Police Dept:		
Fire Dept:		
EMS:		

Special Instructions:	

Responder Name	Phone #	Type	User Number	Passcard

Signal:	Type:	Description:
	LPT	A/C Failure
	LPR	A/C Restore
	LBT	Low Battery
	LBR	Low Battery Restore
	TST	Test Signal
	OPN	Open(s)
	CLO	Close(s)
	TRB	Trouble
	RST	Restore

Signal:	Type:	Description: