SECURITY INFORMATION

This form is used to advise the Security Monitoring Company and Central Office of key holder contacts and security codes for all school based staff. This form must be completed in September and updated as employees leave. All codes are entered into the system by the Maintenance Department at Central Office.

Please submit to the Maintenance Department by fax to (780) 618-3143.

Date: __0_____

Location Information

School Name: __ _____ **Primary Phone#:** (780) _ _____

Secondary Phone#: (780) __ _____

Hours of Operation:

Alarm Call Out Contacts
(minimum four different individuals in close proximity to school)

Name	Position	Home Phone	Cell or Alternate	User Code
		( )	( )	
		( )	( )	
		( )	( )	
		( )	( )	

User information (attach list if more space required)

Name	Code	Name	Code	Name	Code

Completed By: _____ **Completion Date:** _____

E350-09-13