

Militia Hill Security, Inc.

COMMERCIAL AND RESIDENTIAL SECURITY SYSTEMS

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SCHEDULE A- CUSTOMER INFORMATION SHEET

Date: _____ Account #: _____

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Township: _____

County: _____

Premise Number: ()-_____-_____

Password: _____ (up to 10 characters)

Arm/Disarm Code: _____ (4-6 numbers, *for security systems only*)

Email Address: _____

EMERGENCY RESPONSE

Police Dept.: ()-_____-_____ Township: _____

Fire Dept.: ()-_____-_____ Township: _____

(The fire dept. will be dispatched immediately on any fire alarm occurring in the city of Philadelphia, and on all commercial accounts and nursing homes. DO NOT LIST 911 AS POLICE & FIRE #)

EMERGENCY CONTACTS

(Home, Cell and/or Work)

1. _____ ()-_____-_____ ()-_____-_____
2. _____ ()-_____-_____ ()-_____-_____
3. _____ ()-_____-_____ ()-_____-_____
4. _____ ()-_____-_____ ()-_____-_____
5. _____ ()-_____-_____ ()-_____-_____