



OWNER/TENANT ACTIVATION REQUEST

Date: _____ / _____ / _____

Subdivision/Association Name: _____

Building Number: _____ Unit Number: _____

Account Address: _____

Owner Information

Legal Owner(s) Name(s): _____, _____

Owner Mailing Address: _____

City: _____ State: _____ Zip: _____ - _____

Owner Phone Number: (_____) _____ - _____ or (_____) _____ - _____

Tenant Information

Legal Tenant(s) Name(s): _____, _____

I/We _____, _____ owner(s) of the above property herein have leased or given our permission for _____, _____ to live in the unit stated above from _____ to _____. They have our permission to activate the security alarm system with their four digit user code and passcode as they select. I/We understand the alarm code(s), passcode(s), and responding party information are not shared with anyone. I/We accept responsibility to obtain the information from our tenant(s)/occupant(s) regarding security alarm access and/or security information for this property.

Signature of Owner: _____

Date: _____ / _____ / _____

Printed Name of Owner: _____

Signature of Owner: _____

Date: _____ / _____ / _____

Printed Name of Owner: _____

State of _____

County of _____

My Commission Expires:

Sworn & Subscribed to before me this _____ day of _____, 20____.

Seal:

Notary Public Signature: _____

Please Send To:
Certified Alarm Technicians Inc. • 1401 Neptune Drive • Boynton Beach, FL 33426
Fax: 561-752-3033 • Email: service@certifiedalarmtechnicians.com
Please call to verify receipt of form • 561-752-5555
Fl.Lic. # ECA002282