PERS Data Information Form

Dealer Information

Dealer Number | Dealer Name | Date

Subscriber Information

Account Number | Secondary Account Number (if appl) | Subscriber Name

Address (No P.O. Box) | Apt/Suite # | City | State | Zip Code

Premises Phone Number | Secondary Premises # (if appl) | Cross Street | Subdivision/Complex Name | Map Grid (if appl)

	Authorities	24 Hour Emergency Number (not 911)	Permit Number (if appl)
PD			
FD			
MD			
Guard			

Timer Test Frequency

None ☐ Daily ☐ Weekly ☐ Monthly ☐

If no Timer Test received, notify Alarm Company via (choose one):

Event History (Log Only) ☐ Fax ☐ Email ☐ Telephone ☐

Time Zone

Atlantic ☐ Eastern ☐ Central ☐ Mountain ☐ Pacific ☐ Hawaii - Aleutian ☐

Communications

Standard Zone Template | Panel | Panel Phone # | Format | Two-Way Panel | Audible? Yes ☐ No ☐ | Manual Reset of Cut Off in ☐ minutes

	Contact List Name	Relation*	Telephone Number	Type**	Alt Telephone Number (if appl)	Type**
1.						
2.						
3.						
4.						

** Relation: Father, Sister, Friend, etc.* *** Type: Home, Cell, Work, etc.*

Physician Information		Preferred Medical Facility/Hospital Information	
Name		Name	
Address		Address	
City, State, Zip Code		City, State, Zip Code	
Phone Number		Phone Number	

Subscriber Personal Information

Date of Birth (mm/dd/yy) | Gender: Male ☐ Female ☐ | Language

Subscriber Medical Information

Impaired Vision ☐ Hard of Hearing ☐ Impaired Mobility ☐ Wheelchair Bound ☐ Blind ☐ Diabetic ☐ Cane ☐

Scooter ☐ Arthritis ☐ High Blood Pressure ☐ Walker ☐

Special Instructions

Forced Entry? (Y/N) | Oxygen ☐ | Notify on Power Fail ☐ | DNR ☐

Hidden Key / Lockbox Location	
File of Life / Medication List Location	

Allergies

Other (Directions to Premises, etc)