

Acct#: \_\_\_\_\_

# Responsible Party List-Residential

CAME SECURITY ALARMS  
2950 Main Street  
Morro Bay, CA. 93442  
(805) 772-0607  
Fax: (805) 772-0686

Alarm Company Operator's Lic. No. ACO – 5808 Cont. Lic. No. 422645 C7-C10

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PLEASE COMPLETE AND RETURN TO CAME SECURITY ALARMS AS SOON AS POSSIBLE

HOMEOWNER: \_\_\_\_\_

PASSWORD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

HOUSEKEEPER: \_\_\_\_\_

ZIP: \_\_\_\_\_

Password: \_\_\_\_\_

HOUSE PHONE: ( ) \_\_\_\_\_

( ) \_\_\_\_\_

EMAIL: \_\_\_\_\_

Best numbers to reach you and/or your spouse; indicate type of number – i.e. office, cell:  
(Please provide us with first, last name, and phone#)

(1) Name: \_\_\_\_\_ ECV  
 Home \_\_\_\_\_  Cell \_\_\_\_\_  Work \_\_\_\_\_  Other \_\_\_\_\_

(2) Name: \_\_\_\_\_ ECV  
 Home \_\_\_\_\_  Cell \_\_\_\_\_  Work \_\_\_\_\_  Other \_\_\_\_\_

Each responsible party should:  
--Know Code and Password  
--Have access to Residence  
--Know how to arm/disarm

If we cannot reach you, please list other responsible parties and their numbers:

(1) Name: \_\_\_\_\_ ECV  
 Home \_\_\_\_\_  Cell \_\_\_\_\_  Work \_\_\_\_\_  Other \_\_\_\_\_

(2) Name: \_\_\_\_\_ ECV  
 Home \_\_\_\_\_  Cell \_\_\_\_\_  Work \_\_\_\_\_  Other \_\_\_\_\_

(3) Name: \_\_\_\_\_ ECV  
 Home \_\_\_\_\_  Cell \_\_\_\_\_  Work \_\_\_\_\_  Other \_\_\_\_\_

Please choose two (2) contact numbers as your ECV contacts (CIRCLE ECV). Prior to dispatching police, we will attempt to contact these two (2) numbers for possible clarification/ cancellation of alarm activity.

Alarm Permit #: \_\_\_\_\_  
(May be required--- check with your local police department / city hall.)

MAILING ADDRESS (OTHER THAN SITE):

AUTHORIZED SIGNATURE (S):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
DATE: \_\_\_\_\_