**Girsh Alarm** Company, Inc.
8035 Old York Road; PO Box 29780
Elkins Park, PA 19027
215-782-9911 / 800-874-4774 *ph*
215-635-9808 *fax*
Service @ GirshAlarm.com *email*

# Alarm code changes

This is page # 1 of _____

**Rates, authorization, terms, and payment**
**This page must be returned with all requests.**

Rates may change without notice. Please be sure you contact us for the current form.

**>Use one form for each system type.**

Client/location: _____
Requested by: _____
Street address: _____ city:_____
Phone # _____-_____-_____ ext. #_____
Email: _____@_____

## I want this work done as indicated below:

What is the latest date this work can be done? _____/_____/_____

**There is an additional charge for same-day requests received after 11 am.** Code changes will be done by the end of the business day on the date you specify. If you leave the date blank, we will complete this work within 7 days of receiving your request.

**Keep this form on file as an authorization for future work. I want to be able to email a request in an emergency**. __yes __no

## Rates for this work:

Each deletion, addition, and code change **for each system** (burglar alarm fire alarm, access control) is counted as one change for billing purposes. **Each system or area will be billed separately**.
Please complete page 4 for building access system codes.

Fill out this form completely and fax or email it to us **on or before 10:59 am** for same-day service; forms completed and sent by mail or requested to be done at any time for next business day service.

**$113.$^{85}$** minimum charge for first set of 3 changes. For each additional code, add **$26.$^{93}$**.
**$ 59.$^{85}$** for each additional set of 3 changes.
**$0.$^{00}$** no charge for **Extended Warranty Plus (EWP) plan clients**.

Forms completed and sent to us **on or after 11 am** for same-day service. Note that we may not have staff available to complete requests received after 11 am for same-day service.

**$250.$^{67}$** minimum charge for first set of 3 changes. For each additional code, add **$59.$^{25}$.**
**$168.$^{86}$** for **EWP clients**: minimum charge for first set of 3 changes. For each additional code, add **$50.$^{79}$**.

Changes required on a weekend or after hours (before 9 am and after 5 pm) and changes requiring a visit by a technician will be done for an additional fee.

When a toll call is required, there may be a surcharge. This may happen if you have alternative communication service.

## Authorization:

I am authorized to sign on this account. I understand that this information will be added to and be part of my dispatch agreement.

*x* _____ title_____ date____/____/____

## Terms: Payment must accompany this request.

***** Please note: we will make changes only if these terms are observed. *****

___ payment information below
__ No charge (see "rates" section below)
. *Client has EWP enrollment with coverage thru (date ____/_____)*

**For Girsh Alarm use**: payment rec'd? ___yes __no? Hold request.
*Rec'd (date)_____ (time)_____ after 11am for same-day svc.*

**Any incomplete forms may delay completion of work.**

**Put "code change request" in the subject line of your email to help ensure timely response.**

## Payment information:

___ I authorize Girsh Alarm to charge my credit card one time.
___ I authorize Girsh Alarm to keep my card information on file and charge this card any time I make a code change request.

#_____ good thru____/_____

*Billing address of credit card - street #_____; zip code_____. CVV#_____.*

*Card type: _Visa _MasterCard __American Express _Discover.*

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# Alarm code deletions



Rates may change without notice. Please be sure you contact us for the current form.

**>Use one form for each system type.**

Client/location: _____
Requested by: _____

**This form is continued from page 1.**
**Be sure to send this with page 1; we will not accept incomplete forms.**

## Delete the following codes:

**In which system? Use 1 form for each system and each system type.**
**This form is for the __burglar alarm __the fire alarm**

**__I have duplicated this page for additional deletions.**
**__I do not require more space.**

Delete this 4-digit code#__ __ __ __ user's name_____
Delete this 4-digit code#__ __ __ __ user's name_____
Delete this 4-digit code#__ __ __ __ user's name_____
Delete this 4-digit code#__ __ __ __ user's name_____
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Delete this 4-digit code#__ __ __ __ user's name_____
Delete this 4-digit code#__ __ __ __ user's name_____

Yes, delete ALL codes except those listed on page #3 or attachment: _____ (initial here)

**This form is continued from page 1; be sure it with that page. We will not accept incomplete forms.**

**For Girsh Alarm internal use:**
Client has enrolled in Girsh Alarm's Extended Warranty Plus (EWP) plan with coverage currently paid thru ____/____
Client has not enrolled in EWP coverage. We have received payment (initial here) _____
Work completed on date/time _____ by _____
I notified client by (check all that apply) __phone __email
I updated information at central station on date/time. Check when done: ___
Payment processed on date _____ by (initial) _____

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# Alarm code additions

This is page # 3 of _____

Rates may change without notice. Please be sure you contact us for the current form.

**>Use one form for each system type.**

Client/location: _____
Requested by: _____

**This form is continued from page 1.**
**Be sure to send this with page 1; we will not accept incomplete forms.**

**Add the following codes:**

**In which system? Use 1 form for each system and each system type.**
**This form is for the __burglar alarm __the fire alarm**

**__I have duplicated this page to add more codes.**
**__I do not require more space**

Add this 4-digit code & 2-digit initials: #__ __ __ __ - __ __
User's name:_____
List the areas this user is permitted to access: _____ all areas / not applicable __

Add this 4-digit code & 2-digit initials: #__ __ __ __ - __ __
User's name:_____
List the areas this user is permitted to access: _____ all areas / not applicable __

Add this 4-digit code & 2-digit initials: #__ __ __ __ - __ __
User's name:_____
List the areas this user is permitted to access: _____ all areas / not applicable __

Add this 4-digit code & 2-digit initials: #__ __ __ __ - __ __
User's name:_____
List the areas this user is permitted to access: _____ all areas / not applicable __

Add this 4-digit code & 2-digit initials: #__ __ __ __ - __ __
User's name:_____
List the areas this user is permitted to access: _____ all areas / not applicable __

Add this 4-digit code & 2-digit initials: #__ __ __ __ - __ __
User's name:_____
List the areas this user is permitted to access: _____ all areas / not applicable __

Add this 4-digit code & 2-digit initials: #__ __ __ __ - __ __
User's name:_____
List the areas this user is permitted to access: _____ all areas / not applicable __

Add this 4-digit code & 2-digit initials: #__ __ __ __ - __ __
User's name:_____
List the areas this user is permitted to access: _____ all areas / not applicable __

Add this 4-digit code & 2-digit initials: #__ __ __ __ - __ __
User's name:_____
List the areas this user is permitted to access: _____ all areas / not applicable __

**This form is continued from page 1; be sure it with that page. We will not accept incomplete forms.**

**For Girsh Alarm internal use:**
Client has enrolled in Girsh Alarm's Extended Warranty Plus (EWP) plan with coverage currently paid thru ____/____
Client has not enrolled in EWP coverage. We have received payment (initial here) _____
Work completed on date/time _____ by _____
I notified client by (check all that apply) __phone __email
I updated information at central station on date/time. Check when done: ___
Payment processed on date _____ by (initial) _____

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# Alarm code access system additions and deletions

This is page # 4 of _____

Rates may change without notice. Please be sure you contact us for the current form.

**>Use one form for each system type.**

Client name: _____
Requested by: _____

**This form is continued from page 1.**
**Be sure to send this with page 1; we will not accept incomplete forms.**

## This is for the access control system. Please delete the following users:

Delete this 4-digit code#__ __ __ __ user's name_____ __**I have duplicated this page for additional deletions.**

Delete this 4-digit code#__ __ __ __ user's name_____ __**I do not require more space.**

Delete this 4-digit code#__ __ __ __ user's name_____

Delete this 4-digit code#__ __ __ __ user's name_____

Delete this 4-digit code#__ __ __ __ user's name_____

## This is for the access control system. Please add the following users:

Change the code from __ __ __ __ to (or add code) __ __ __ __ user's name_____
List the areas this user is permitted to access: _____ Has this changed? __yes __no

Change the code from __ __ __ __ to (or add code) __ __ __ __ user's name_____
List the areas this user is permitted to access: _____ Has this changed? __yes __no

Change the code from __ __ __ __ to (or add code) __ __ __ __ user's name_____
List the areas this user is permitted to access: _____ Has this changed? __yes __no

Change the code from __ __ __ __ to (or add code) __ __ __ __ user's name_____
List the areas this user is permitted to access: _____ Has this changed? __yes __no

Change the code from __ __ __ __ to (or add code) __ __ __ __ user's name_____
List the areas this user is permitted to access: _____ Has this changed? __yes __no

Change the code from __ __ __ __ to (or add code) __ __ __ __ user's name_____
List the areas this user is permitted to access: _____ Has this changed? __yes __no

Change the code from __ __ __ __ to (or add code) __ __ __ __ user's name_____
List the areas this user is permitted to access: _____ Has this changed? __yes __no

**__I have duplicated this page to add or change more codes.**
**__I do not require more space for additions or changes.**

**Please refer to page 1 for rates and authorization information and return that page with this form. We will not accept incomplete forms.**

**For Girsh Alarm internal use:**
Client has enrolled in Girsh Alarm's Extended Warranty Plus (EWP) plan with coverage currently paid thru ____/____
Client has not enrolled in EWP coverage. We have received payment (initial here) _____
Work completed on date/time _____ by _____
I notified client by (check all that apply) __phone __email
I updated information at central station on date/time. Check when done: ___
Payment processed on date _____ by (initial) _____

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