

Centrol, Inc.
24-7 Medical Alert In-Home Emergency Response System
Activation Request Questionnaire

Date: _____ Subscriber Account #: _____

Subscriber Name: _____

Address: _____ Apt #: _____

City / ST / Zip: _____

County: _____

Premise Phone # () _____

Local Police Phone # () _____ [not 911]

NOTIFY ONLY LIST

| Name | Relationship | Home # | Work # |
|------|--------------|--------|--------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

| |
|--|
| Is there a hidden key? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If yes, where? |
| Do you need a Key Lock Box? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If yes, Centrol can supply one for \$32.95 |
| LockBox Code: _____ |

To convey this information to Centrol:

1. Call and verbally give information to Pat France at 877-792-4494, or
2. Fax to Pat at 410-828-7730, or
3. Mail to Pat France, 7508 Knollwood Rd, Towson, MD 21286

Questions? Call CENTROL toll Free 877-792-4494 or 800-435-7628