

Cross-zoning Form

Account # _____

Password: _____

Account Name: _____



I authorize the following:

Timeframe (in minutes) _____

(This refers to the maximum amount of time between signals that will trigger a dual zone response.)

Callback Option for Cross-zoning Dispatch:

____ Authorities + Parties + Alarm Co.

____ Subscriber + Authorities + Parties + Alarm Co.

____ Authorities Only

Call back Option for Single Zone Activation:

____ Parties + Alarm Co.

____ Log Only

____ Subscriber + Parties

____ Parties (Top Priority)

____ Subscriber + Parties + Alarm Co.

____ Alarm Co. Only

____ Subscriber + Alarm Co.

____ Alarm Co. (Top Priority)

Authority Phone # _____

Signature and Date