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- P R O O F -

**Your signature indicates acceptance of responsibility
of any errors that may occur on finished product.**

DATE: April 4, 2004

COMPANY: EPS - Alarm Certificate

ATTENTION: David YOU MUST PRINT THIS PAGE AND FAX APPROVAL

Please check all copy - spelling, telephone numbers, address, prices, postal code,
weights, size, position, page sequence, bleeds, cropping, folding, and color breaking.

OK as is.

Corrections indicated

(new proof will be sent)

We understand that we were given an estimate for this
project and we may be exceeding time allotment and
could incur additional costs.

We understand that we will see a new proof.

Return proof along with this proof page.

Name: _____ Signature: _____ Date: _____

YOUR SIGNATURE IS REQUIRED BEFORE WE CAN PROCEED WITH YOUR ORDER.

 **ALARM
CERTIFICATE** 

CUSTOMER: NAME: _____

ADDRESS: _____

CITY: _____

- A. DETECTION PROVIDES: BURGLARY ___ FIRE ___ BOTH ___
- B. TYPE: RESIDENTIAL ___ COMMERCIAL ___
- C. CENTRAL STATION ___ LOCAL ___
- D. DATE OF INSTALLATION: _____
- E. U.L. DETECTION EQUIPMENT IN SYSTEM: YES ___ NO ___
- F. SERVICE AND MAINTENANCE PROVIDED ON A PERIODIC BASIS: YES ___ NO ___
- G. STANDBY POWER SUPPLY: YES ___ NO ___
- H. COVERAGE OF BURGLAR ALARM SYSTEM:
 - 1. PERIMETER PROTECTION: PARTIAL ___ TOTAL ___
 - 2. INTERIOR MOTION DETECTION SYSTEM: YES ___ NO ___
 - 3. LOCAL AUDIBLE ALARM: YES ___ NO ___
 - 4. POLICE COMMUNICATIONS: YES ___ NO ___
 - 5. ADDITIONAL PROTECTIVE DEVICES: _____

- I. COVERAGE OF FIRE ALARM SYSTEMS:
 - 1. SMOKE DETECTORS IN SLEEPING AREAS: YES ___ NO ___
 - 2. HEAT DETECTORS WITH ABOVE: YES ___ NO ___
 - 3. HEAT AND/OR SMOKE DETECTORS IN ADDITIONAL LOCATIONS: YES ___ NO ___
 - 4. LOCAL FIRE ALARM: YES ___ NO ___
 - 5. FIRE DEPARTMENT COMMUNICATION: YES ___ NO ___
 - 6. ADDITIONAL PROTECTIVE DEVICES: _____

SIGNED

DATE



Eagle Protection Systems
WELL SECURED. WELL ASSURED.

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