SOLA
SECURITY OF LOS ANGELES

12670 Paxton St | Pacoima, CA 91331
(818) 785-6622 | (818) 785-1307 Fax

COMMERICAL SUPERVISED NOTIFICATION FORM

Name	Location Phone #1	Location Phone #2
	( )	( )

Address	City	State	Zip Code

Account Number

PERSONS TO BE CONTACTED (in order)

NAME	HOME PH #	CELL PH #	PAGER PH#
	( )	( )	( )
	( )	( )	( )
	( )	( )	( )
	( )	( )	( )

SCHEDULE OF HOURS

Please enter the time at which the first employee enters your premise, and the time which the last employee will arm the alarm. Enter a time every day, even if there is no variation. Use 15 minute intervals in your scheduling.

	MON	TUE	WED	THUR	FRI	SAT	SUN
ENTRY TIME							
EXIT TIME							

CLEANING SERVICE (OPTIONAL)

	MON	TUE	WED	THUR	FRI	SAT	SUN
ENTRY TIME							
EXIT TIME							

CHECK OFF HOLIDAYS OBSERVED

☐ New Years Eve	☐ President's	☐ Easter Day	☐ Labor Day	☐ Election Day	☐ Hanukkah
☐ New Years	☐ Memorial Day	☐ July 4th	☐ Yom Kippur	☐ Thanksgiving	☐ Christmas Eve
☐ M.L. King Day	☐ Good Friday	☐ Veteran's	☐ Columbus	☐ Day After	☐ Christmas Day

DIGITAL IDENTIFICATION CODES

USER #	NAME:	IDENTIFICATION CODE

PRIVATE ALARM RESPONSE

☐ **NO**	☐ **YES** (write your private alarm response here):

It is understood and agreed that the subscriber is solely responsible for the maintenance of the authorization list. The subscriber will promptly notify in writing of any additions or deletions to the authorization list. All such correspondence must be in writing with an authorized signature(s). The subscriber further acknowledges that he/she fully understands that a individual who is issued an identification code may, at any time, enter the protected premises, unless instructions are given to SOLA pertaining to other arrangements.

AUTHORIZATION SIGNITURE _____ PRINT NAME _____ DATE _____