



NAME OF BUSINESS OR AGENCY: _____

ADDRESS: _____ CITY: _____ STATE: _____

TYPE OF LOCATION: _____

(Religious Institution, Campus, Military Base, Multi-Office, Casino, etc.)

NUMBER OF BUILDING LOCATIONS: _____ NUMBER OF ENTRANCES/EXITS: _____

BUILDING CONFIGURATION: _____ (Detached, Stand Alone Dwelling, Multi-Purpose)

RECEPTION AREA (Y/N): _____ PARKING LOT(S): _____

(How Many)

WAITING AREA(S): _____ APPROX SQUARE FOOTAGE: _____

OPEN AREAS: _____ APPROX SQUARE FOOTAGE: _____

(How Many)

LOADING DOCK (Y/N): _____ FREIGHT ELEVATOR(S): _____

DEDICATED EXIT ONLY: _____ HOW MANY STAIRWELLS? _____

(How Many)

IF A HOTEL, CASINO, ETC. HOW MANY ROOMS? _____ CONFERENCE ROOMS: _____

DO YOU HAVE AN EXISTING SURVEILLANCE SYSTEM (Y/N)? _____ TYPE? _____

(IP, DVR, OTHER)

WHEN WAS THE SYSTEM INSTALLED? _____ DO ALL OF THE IP ADDRESSES GOTO THE SAME

BUILDING/ SYSTEM (Y/N)? _____ IF NOT, HOW MANY BUILDINGS/SYSTEMS? _____

MANUFACTURER: _____ MODEL: _____ NUMBER OF CAMERAS: _____

TYPES OF CAMERAS: _____ WIRELESS (Y/N)? _____

TYPE(S) OF CABLING: _____ TYPE(S) OF CONNECTORS: _____

SERVER/CLOUD STORAGE: _____ ON-SITE SECURITY (Y/N): _____ ARMED (Y/N): _____

NAME OF COMPANY: _____ UNIFORMED AND/OR PLAIN CLOTHED: _____

POINT OF CONTACT FOR SERVICE:

NAME: _____ TITLE: _____ EMAIL: _____

CELL: _____

SECURITY AND/OR ALARM MONITORING COMPANY (Y/N): _____ NAME OF COMPANY: _____

POINT OF CONTACT:

NAME: _____ EMAIL: _____ CELL: _____