

Addendum to Service Agreement:

Last Name _____ First Name _____
Address _____
City _____ ST _____ Zip _____

I, _____ have been advised that my VOIP phone system may not work in an emergency situation. There is a possibility that the emergency signals transmitted may not reach the 24-hour Central Station; therefore, there may be no emergency dispatch to my premise.

- I agree with the above statement. Date _____
- I do not agree.

Note: Alarm Relay recommends that clients with VOIP retain a basic phone service, use cellular/radio back-up or network monitoring device to ensure alarm signal processing.