

Security Alarm Account Information

Complete and return this form to University Police at safetyalarms@unl.edu

1. Alarm Manager

This individual will be contacted on a biannual basis to confirm contact information, alarm instructions and billing information.

| | |
|-------------|--|
| Name: | |
| Desk Phone: | |
| Cell Phone: | |
| E-mail: | |

2. Emergency Contacts

These individuals should be available to respond to emergent situations 24/7/365.
If a response is necessary, UNLPD will call the contacts in the order they are listed.

| | | |
|----------------------------------|--|---|
| First and Last Name: | | |
| 1 st Phone # to Call: | | Check One: <input type="checkbox"/> Office <input type="checkbox"/> Cell <input type="checkbox"/> Home |
| 2 nd Phone # to Call: | | Check One: <input type="checkbox"/> Office <input type="checkbox"/> Cell <input type="checkbox"/> Home |

| | | |
|----------------------------------|--|---|
| First and Last Name: | | |
| 1 st Phone # to Call: | | Check One: <input type="checkbox"/> Office <input type="checkbox"/> Cell <input type="checkbox"/> Home |
| 2 nd Phone # to Call: | | Check One: <input type="checkbox"/> Office <input type="checkbox"/> Cell <input type="checkbox"/> Home |

| | | |
|----------------------------------|--|---|
| First and Last Name: | | |
| 1 st Phone # to Call: | | Check One: <input type="checkbox"/> Office <input type="checkbox"/> Cell <input type="checkbox"/> Home |
| 2 nd Phone # to Call: | | Check One: <input type="checkbox"/> Office <input type="checkbox"/> Cell <input type="checkbox"/> Home |

3. Alarm Location

| | |
|--|--|
| Room #: | |
| Desk belonging to (If applicable): | |
| Desk Phone Number nearest the security device: | |

4. Alarm Instructions

The Alarm is serviced by UNL Maintenance and monitored by UNLPD.

- UNLPD will automatically dispatch officers for security alarm activations.
- UNLPD will notify maintenance and/or document trouble alarms according to operational procedure.
- If there are any concerns that require immediate attention from your department, UNLPD will notify emergency contacts in the order they are listed above.

Please describe any additional requests for instructions when processing this alarm. UNLPD Staff will follow up with the account Alarm Manager to ensure special requests meet operational policies.

UNLPD Office Use Only:

| | | | |
|---|---|-------------------------|---|
| #7: Cost Objects Obtained and listed below- | #8: Alarm Account Info Form Received On: | #9: Account Entered On: | #10- Send a copy of this form to Capt of Security for Coordination with FMO |
| #7a: Alarm Monitoring: | #8: Received By: | #9: Entered By: | #12: Account Online Date: |
| #7b: Phone Line Install/Monthly: | #8a: Special Instructions approved by CM? | #9: CSID Assigned: | #12: Tested By: |
| #7c: All FMO Related Work: | | #9:CSID Zone Assigned: | #13: Forward to UNLPD Financial Specialist for Billing |