

ALARM SYSTEM CERTIFICATE-NO. 1819

Name: _____

Address: 1 PUTNAM HILL APARTMENT # _____

City, State, Zip: GREENWICH CT 06830 _____

Date of Installation: 12/03/2018 _____

The following Protection is provided by the Security Equipment:

- | | | |
|---|---|---|
| <input type="checkbox"/> Burglary Protection | <input type="checkbox"/> Medical Emergency Protection | <input checked="" type="checkbox"/> Fire Protection |
| <input type="checkbox"/> AFD Glassbreak Protection | <input type="checkbox"/> Low Temperature Protection | <input type="checkbox"/> Carbon Monoxide Protection |
| <input type="checkbox"/> Panic/Holdup Protection | <input type="checkbox"/> Flood/High Water Protection | <input type="checkbox"/> LP Gas Leak Protection |
| <input type="checkbox"/> Additional Protection: _____ | <input checked="" type="checkbox"/> ADDRESSABLE HEAT | <input checked="" type="checkbox"/> HORNSTROBE |

The following Special Monitoring Services are provided:

- | | | | |
|--|---|---|--|
| <input checked="" type="checkbox"/> Cellular Communication | <input type="checkbox"/> IP/Internet Monitoring | <input type="checkbox"/> Video Protection | <input type="checkbox"/> Elevator Monitoring |
| <input type="checkbox"/> Maintenance Repair Service Agreement | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Expiration Date: _____ |
| <input type="checkbox"/> Additional Monitoring Services: _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | |

Alarm Installation Company:

Company Name: American Alarm Ltd _____

Address: 18 High Street _____

City, State, Zip: Norwalk Ct 06851 _____

Name: Susan Bellamente _____

Authorized Signature: *Susan Bellamente* _____

Title: _____ Date: 06/19/2019

ALARM SYSTEM CERTIFICATE-NO. 1818

Name: _____

Address: 2 PUTNAM HILL APARTMENT # _____

City, State, Zip: GREENWICH CT 06830 _____

Date of Installation: 12/03/2018 _____

The following Protection is provided by the Security Equipment:

- | | | |
|---|---|---|
| <input type="checkbox"/> Burglary Protection | <input type="checkbox"/> Medical Emergency Protection | <input checked="" type="checkbox"/> Fire Protection |
| <input type="checkbox"/> AFD Glassbreak Protection | <input type="checkbox"/> Low Temperature Protection | <input type="checkbox"/> Carbon Monoxide Protection |
| <input type="checkbox"/> Panic/Holdup Protection | <input type="checkbox"/> Flood/High Water Protection | <input type="checkbox"/> LP Gas Leak Protection |
| <input type="checkbox"/> Additional Protection: _____ | <input checked="" type="checkbox"/> ADDRESSABLE HEAT | <input checked="" type="checkbox"/> HORNSTROBE |

The following Special Monitoring Services are provided:

- | | | | |
|--|---|---|--|
| <input checked="" type="checkbox"/> Cellular Communication | <input type="checkbox"/> IP/Internet Monitoring | <input type="checkbox"/> Video Protection | <input type="checkbox"/> Elevator Monitoring |
| <input type="checkbox"/> Maintenance Repair Service Agreement | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Expiration Date: _____ |
| <input type="checkbox"/> Additional Monitoring Services: _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | |

Alarm Installation Company:

Company Name: American Alarm Ltd _____

Address: 18 High Street _____

City, State, Zip: Norwalk Ct 06851 _____

Name: Susan Bellamente _____

Authorized Signature: *Susan Bellamente* _____

Title: _____ Date: 06/19/2019

ALARM SYSTEM CERTIFICATE-NO. 1820

Name: _____

Address: 3 PUTNAM HILL APARTMENT # _____

City, State, Zip: GREENWICH CT 06830 _____

Date of Installation: 12/03/2018 _____

The following Protection is provided by the Security Equipment:

- | | | |
|--|---|---|
| <input type="checkbox"/> Burglary Protection | <input type="checkbox"/> Medical Emergency Protection | <input checked="" type="checkbox"/> Fire Protection |
| <input type="checkbox"/> AFD Glassbreak Protection | <input type="checkbox"/> Low Temperature Protection | <input type="checkbox"/> Carbon Monoxide Protection |
| <input type="checkbox"/> Panic/Holdup Protection | <input type="checkbox"/> Flood/High Water Protection | <input type="checkbox"/> LP Gas Leak Protection |
| <input type="checkbox"/> Additional Protection: | <input checked="" type="checkbox"/> ADDRESSABLE HEAT | <input checked="" type="checkbox"/> HORNSTROBE |

The following Special Monitoring Services are provided:

- | | | | |
|---|---|---|--|
| <input checked="" type="checkbox"/> Cellular Communication | <input type="checkbox"/> IP/Internet Monitoring | <input type="checkbox"/> Video Protection | <input type="checkbox"/> Elevator Monitoring |
| <input type="checkbox"/> Maintenance Repair Service Agreement | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Expiration Date: _____ |
| <input type="checkbox"/> Additional Monitoring Services: | <input type="checkbox"/> | <input type="checkbox"/> | |

Alarm Installation Company:

Company Name: American Alarm Ltd

Address: 18 High Street

City, State, Zip: Norwalk Ct 06851

Name: Susan Bellamente

Authorized Signature: 

Title: _____ Date: 06/19/2019

ALARM SYSTEM CERTIFICATE-NO. 1821

Name: _____

Address: 4 PUTNAM HILL APARTMENT # _____

City, State, Zip: GREENWICH CT 06830 _____

Date of Installation: 12/03/2018 _____

The following Protection is provided by the Security Equipment:

- | | | |
|---|---|---|
| <input type="checkbox"/> Burglary Protection | <input type="checkbox"/> Medical Emergency Protection | <input checked="" type="checkbox"/> Fire Protection |
| <input type="checkbox"/> AFD Glassbreak Protection | <input type="checkbox"/> Low Temperature Protection | <input type="checkbox"/> Carbon Monoxide Protection |
| <input type="checkbox"/> Panic/Holdup Protection | <input type="checkbox"/> Flood/High Water Protection | <input type="checkbox"/> LP Gas Leak Protection |
| <input type="checkbox"/> Additional Protection: _____ | <input checked="" type="checkbox"/> ADDRESSABLE HEAT | <input checked="" type="checkbox"/> HORNSTROBE |

The following Special Monitoring Services are provided:

- | | | | |
|--|---|---|--|
| <input checked="" type="checkbox"/> Cellular Communication | <input type="checkbox"/> IP/Internet Monitoring | <input type="checkbox"/> Video Protection | <input type="checkbox"/> Elevator Monitoring |
| <input type="checkbox"/> Maintenance Repair Service Agreement | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Expiration Date: _____ |
| <input type="checkbox"/> Additional Monitoring Services: _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | |

Alarm Installation Company:

Company Name: American Alarm Ltd _____

Address: 18 High Street _____

City, State, Zip: Norwalk Ct 06851 _____

Name: Susan Bellamente _____

Authorized Signature: *Susan Bellamente* _____

Title: _____ Date: 06/19/2019

ALARM SYSTEM CERTIFICATE-NO. 1822

Name: _____

Address: 5 PUTNAM HILL APARTMENT # _____

City, State, Zip: GREENWICH CT 06830 _____

Date of Installation: 12/03/2018 _____

The following Protection is provided by the Security Equipment:

- | | | |
|---|---|---|
| <input type="checkbox"/> Burglary Protection | <input type="checkbox"/> Medical Emergency Protection | <input checked="" type="checkbox"/> Fire Protection |
| <input type="checkbox"/> AFD Glassbreak Protection | <input type="checkbox"/> Low Temperature Protection | <input type="checkbox"/> Carbon Monoxide Protection |
| <input type="checkbox"/> Panic/Holdup Protection | <input type="checkbox"/> Flood/High Water Protection | <input type="checkbox"/> LP Gas Leak Protection |
| <input type="checkbox"/> Additional Protection: _____ | <input checked="" type="checkbox"/> ADDRESSABLE HEAT | <input checked="" type="checkbox"/> HORNSTROBE |

The following Special Monitoring Services are provided:

- | | | | |
|--|---|---|--|
| <input checked="" type="checkbox"/> Cellular Communication | <input type="checkbox"/> IP/Internet Monitoring | <input type="checkbox"/> Video Protection | <input type="checkbox"/> Elevator Monitoring |
| <input type="checkbox"/> Maintenance Repair Service Agreement | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Expiration Date: _____ |
| <input type="checkbox"/> Additional Monitoring Services: _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | |

Alarm Installation Company:

Company Name: American Alarm Ltd _____

Address: 18 High Street _____

City, State, Zip: Norwalk Ct 06851 _____

Name: Susan Bellamente _____

Authorized Signature: Susan Bellamente _____

Title: _____ Date: 06/19/2019