

**Western Will County Communications Center  
ALARM SYSTEM CONNECTION**

Date Submitted: \_\_\_\_\_ To CPSI @ 815-727-6586 (fax)

Building Being Monitored: \_\_\_\_\_

Address: \_\_\_\_\_

Building Phone Number: \_\_\_\_\_ Contact Name: \_\_\_\_\_

---

**CONNECTION TYPE:**

Fire Alarm

Security Alarm

---

**EMERGENCY CONTACT INFORMATION**

**NAME:**

**PHONE:**

1. \_\_\_\_\_ ( ) \_\_\_\_\_

2. \_\_\_\_\_ ( ) \_\_\_\_\_

3. \_\_\_\_\_ ( ) \_\_\_\_\_

---

**BILLING ADDRESS (if different from building being monitored)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Annual

Quarterly

---

All invoices for connection fees and monitoring will be sent from CPSI. Fees are payable to:

CPSI (Cross Points Sales, Inc.) 3158 S. State Street, Lockport, IL 60441

Tax I.D. #20-4962201

Phone: 815-727-6585

---

(Office Use Only)

**POSITION NUMBER**

Connection Date: \_\_\_\_\_

Technician: \_\_\_\_\_

Radio Serial # \_\_\_\_\_

AHJ: \_\_\_\_\_