

**WESTERN WILL COUNTY COMMUNICATIONS CENTER  
ALARM SYSTEM CONNECTION**

Name of Building \_\_\_\_\_

Building Address \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_

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

Fax: \_\_\_\_\_ E-Mail \_\_\_\_\_

LOCK BOX CODE AND LOCATION: \_\_\_\_\_ AND / OR

KEYHOLDER \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

1. \_\_\_\_\_ (     ) \_\_\_\_\_

2. \_\_\_\_\_ (     ) \_\_\_\_\_

3. \_\_\_\_\_ (     ) \_\_\_\_\_

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

\_\_\_\_\_

☐ Annual

\_\_\_\_\_

☐ Quarterly

\_\_\_\_\_

Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

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

Fax: 815-727-6586

(Office Use Only)

**POSITION NUMBER**

☐ Fire Alarm

☐ Security Alarm

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

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

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

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

**Please fill out and fax to 815-727-6586 or email at: CSR@CPSIALARMS.COM**