



Fax to: 541-617-6126

Email to: office@watchdogbend.com

Client Information Form

Facility Information

Client/Company Name: _____ Monitoring Account#: _____

Premises Phone Number _____

Site Address: Street: _____

City: _____ State: _____ Zip: _____

Billing Address: Street: _____

City: _____ State: _____ Zip: _____

Main Contact: Name: _____

Tel: _____ Email: _____

Billing Contact: Name: _____

Tel: _____ Email: _____

Global Site Code Word: _____

Response Person / After Hours Call List

First Contact: Last Name: _____ First Name _____

1st Phone: _____ 2nd Phone _____

Email: _____

Second Contact: Last Name: _____ First Name _____

1st Phone: _____ 2nd Phone _____

Email: _____

Third Contact: Last Name: _____ First Name _____

1st Phone: _____ 2nd Phone _____

Email: _____