



PHONE: 1-800-457-7252 FAX: 1-909-980-4477

APPLICATION TO CHANGE EMERGENCY CONTACTS/NUMBERS/PASSWORD
(Please print and provide all information requested below)

REQUESTING: NEW PASSWORD _____ EMERGENCY CONTACTS CHANGED _____

CUSTOMER'S NAME _____ Email _____

ADDRESS _____

PREMISES PHONE _____ CELL PHONE _____

BIRTH DATE _____ SOC. SEC. NUMBER _____

SPOUSE'S NAME _____ BIRTH DATE _____ ANNIVERSARY DATE _____

EXISTING PASSWORD: _____ NEW PASSWORD: _____

NAME AND PHONE NUMBER OF CONTACTS:

1. NAME: _____ PHONE: _____ CELL / HOME / WORK

2. NAME: _____ PHONE: _____ CELL / HOME / WORK

3. NAME: _____ PHONE: _____ CELL / HOME / WORK

4. NAME: _____ PHONE: _____ CELL / HOME / WORK

REQUESTED BY: _____ SIGNATURE _____ DATE _____

FOR OFFICE USE:

DATE RECEIVED _____ BY _____

KPS ACCOUNT # _____ MONITORING ACCOUNT # _____

INFORMATION VERIFIED BY: _____ DATE _____

CUSTOMER ADVISED OF PASSWORD APPROVAL _____ DATE _____

EMERGENCY CONTACTS CHANGED IN KPS DATA BASE _____ DATE _____

PASSWORD CHANGED IN KPS DATA BASE _____ DATE _____

CHANGES SENT TO: KPS MONITORING _____ ADT _____ (DATE) _____