



# Alarm Agreement

July 1, 2007 through June 30, 2008

Department of Central Security and

<b>1</b> <b>Alarm Account Number</b>  <b>Alarm Account Location</b>  <b>For</b>
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In exchange for alarm monitoring services from the Department of Central Security and the University of Minnesota Police Department we, the undersigned, agree to the following

- A recurring FY08 monthly fee of \$50.00 per alarm. Charges will be billed quarterly to object 8020-15.
- Provide accurate contacts and CUFS #s on this Alarm Agreement.
- Notify the Department of Central Security when changes of personnel and/or CUFS #s occur.

*Individual to receive and reconcile the bills.*

<b>2 Department Accountant</b>		
Name	Phone	E-Mail
<input type="text"/>	<input type="text"/>	<input type="text"/>
Physical Location	Campus Mail	
<input type="text"/>	<input type="text"/>	

*First individual the UMPD will call when the alarm system reports an alarm.*

<b>3 Primary Emergency Contact</b>		
Primary Alarm Contact	Phone	E-Mail
<input type="text"/>	<input type="text"/>	<input type="text"/>
Physical Location	Campus Mail	PAC After Hours Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

*Person who has alarm system and makes operational decisions e.g. requests for repairs, updates, installs, user code changes.*

<b>4 Responsible Party for Alarm System</b>		
Responsible Party Name	Phone	E-Mail
<input type="text"/>	<input type="text"/>	<input type="text"/>
Physical Location	Campus Mail	
<input type="text"/>	<input type="text"/>	

*Department Head / Manager responsible for fiscal oversight.*

<b>5 Department Head / Manager</b>		
Name	Phone	E-Mail
<input type="text"/>	<input type="text"/>	<input type="text"/>
Location	Campus Mail	
<input type="text"/>	<input type="text"/>	

We have these CUFS numbers on record - correct if in error:

<b>6</b>	<b>Recurring Monthly Charges</b>				
CUFS:	<table> <tr> <td>Area</td> <td>Org</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Area	Org	<input type="text"/>	<input type="text"/>
Area	Org				
<input type="text"/>	<input type="text"/>				

<b>7</b>	<b>Repair Charges</b>				
CUFS:	<table> <tr> <td>Area</td> <td>Org</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Area	Org	<input type="text"/>	<input type="text"/>
Area	Org				
<input type="text"/>	<input type="text"/>				

Signature: **8** \_\_\_\_\_  
*Department Head / Manager*

\_\_\_\_\_  
Title Date

You can reach us at:

Billing Concerns  
Suannah Owens 4-1752

Contact Information Changes  
Wayne LaMusga 5-8897

Repairs, Service or New Installations  
Wayne LaMusga 5-8897  
Brian McDonald 5-1863