

## Alarm Request Form



**Client Admin:**

Company: \_\_\_\_\_

Field Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Full Name: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Phone Service Provider: \_\_\_\_\_

Email: \_\_\_\_\_

Notify By (Email/Text/Both): \_\_\_\_\_

Preferred Password: \_\_\_\_\_

*(To be filled by Client Admin)*

**Alarming Contacts**

Only include information of those to be notified by Alarms.

#	First Name	Last Name:	Job Title	Mobile Number:	Phone Service Provider:	Email	Notify By (Email/Text/Both):
1	Example: John	Doe	Engineer	(432) 555-5555	AT&T	jdoe@company.com	<input type="radio"/> <input type="radio"/> <input checked="" type="radio"/>
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Include any contractor if any, you wish to have access to Scada Surveillance, and/or to receive alerts

*(EE Partners will contact Contractor to Setup Contractors Login Information)*

#	First Name	Last Name:	Contractor	Notifications (Y/N)	Scada Access (Y/N)	Email	Phone:
1							
2							
3							

Submitted by: \_\_\_\_\_

Date: ( / / )