P- 1-877-550-8873
S-1-877-550-9056

tyco / Fire & Security / **SimplexGrinnell**

Westminster, MA 01441 U.S.A.

Monitoring Service Agreement

Subscriber's Name Muskegon County Airport Monitoring Account # 207-0329 ~~not into~~ ~~acct #~~ 99 Sinclair

Address 99 Sinclair Dr. City Muskegon

State MI Zip 49441 Alarm Permit No. _____ Customer No. / Sequence Generator Room *

Premise Phone # (231) 798-4596 Fax # (231) 798-7728 Cross Street Stariha

Billing Address (if different from above) _____

CONTACT/CALL LIST (Responsible Parties):

Key	Name	Phone #	Pass/Abort Code
	Larry Stair	231-865-8008	
	Mike Kotecki	231-798-4596 (Maintenance)	

EMERGENCY CALL LIST: Main Terminal

Fire Dept. (Local)	(231) 798 . 1329	Paramedics (Local)	( ) .
Police Dept. (Local)	(231) 793 . 2691	Other:	( ) .

Communicator (dialer) type _____ Model # _____ Intrusion Panel Model # _____

Format Reporting: ☐ 3 x 1 ☐ 3 x 1 EXT ☐ 4 x 2 ☐ BFSK ☐ Contact ID ☐ Other _____

Time Zone _____ Automatic Test Timer Interval (Daily, Weekly, Monthly or None) _____

This account will be programmed to send opening and closing signals (security alarm systems only) ☐ YES ☐ NO

Type of Open / Close Monitoring to be provided: Open / Close Log Only Monitoring ☐ Supervised Open / Close Monitoring ☐

Daily schedule for supervised open/close monitoring:

Daily	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Opening time	5 AM	5 AM	5 AM	5 AM	5 AM	5 AM	5 AM
Closing time	11 30 pm	11 30 pm	11 30 pm	11 30 pm	11 30 pm	9 pm	11 30 pm
Window*							

Holidays Closed: _____

*All supervised accounts will be assigned a 60 minute time window for scheduled openings and closings. If subscriber requests a longer or shorter time window, please specify.

This account to receive periodic activity reports on the following basis: ☐ Weekly Reports ☐ Monthly Reports ☐ Other _____

Alarm System Dialer Programming/Set-up Information:

Zone	Protected Area	AUD	SIL	VFY	DISP	Alarm Type	Signal

Special Instructions: _____

SHADED AREA TO BE FILLED OUT BY SIMPLEXGRINNELL

State License # _____ Branch # _____ Completed by _____ Date _____

Maintenance Agreement Coverage Code: _____

Term of Agreement: The initial term of this Agreement shall be for a period of _____ year(s) beginning on the Date of Agreement and shall self-renew for successive periods of 1 year thereafter under the same terms and conditions except for the price, which shall be increased to the applicable price in effect at the renewal date, unless either party gives the other written notice of cancellation at least thirty (30) days prior to the expiration of a term. It is agreed that SimplexGrinnell shall not be responsible to provide Monitoring Services under this Agreement unless and until the communication link between Subscriber's premises and SimplexGrinnell's Monitoring Center has been tested.

IMPORTANT NOTICE REGARDING YOUR LEGAL RIGHTS: The Terms and Conditions on the reverse side are an important part of this Agreement and may affect your legal rights. Among other things, these terms significantly limit SimplexGrinnell's liability should an event occur that this service is designed to detect. By signing this Agreement you acknowledge that you have read, acknowledge, and agree to be legally bound by all Terms and Conditions of this Agreement.

Annual Monitoring Fee $ 411.00

Subscriber/Authorized Signature: Michael B. Kotecki 02/15/02 SimplexGrinnell Representative Signature: [signature] #8857 Date: 2-7-02

White (Original) — Central Station Yellow — Branch Pink — Customer

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