

Corporate Office  
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### Security Change Form

Account Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Premise Phone: \_\_\_\_\_

*Only complete if person will be called on an alarm*

USER NAME	ADD CODE	VERBAL PASSWORD	DELETE CODE	Cell Phone	Alternate Phone

Special Notes:

AUTHORIZED SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

PHONE # (for questions on this form): \_\_\_\_\_

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

Updates can usually be made within 24 hours of receipt of faxed request.  
There is a \$30.00 charge for downloading program changes.