



**SEACOAST  
SECURITY**

# Certificate of Installation

---

This is to certify the installation of a complete Alarm System at the following location:

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

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

City, State & Zip: \_\_\_\_\_

Date of Installation: \_\_\_\_\_

Control Panel Name and Model #:

System Type:	Burglar	CO Detection
	Fire	Flammable Gas Det.
	Long Range Radio	Low Temperature
	Medical Alert	Panic
	Sprinkler Supervision	Water Flow
	Water Level Detection	Other: _____

Monitoring Status:

Testing Frequency:

Notes:

Installed & Serviced by

-----  
Seacoast Security, Inc.

Monitored by

-----

(800)654-8800

Authorized Signature: \_\_\_\_\_