

ACT SECURITY SERVICES LLC
P.O. Box AB
Pocono Lake, Pennsylvania 18347
(877) 772-0061

Tech: _____ Installation: _____ Repair: _____

COMPLETION CERTIFICATE AND SURVEY

Customer's Name: _____ Account #: _____
Address: _____
Telephone No.: _____ Cell No.: _____ Email Address: _____

The installation or repair of a ☐ Security System ☐ Fire System has been completed satisfactorily with exceptions, as noted in additional comments:

TO BE FILLED OUT BY CUSTOMER:

1. Was the work done satisfactorily and alarm left in working order?	Yes ☐	No ☐	N/A ☐
2. Was the installation clean, neat and was all work debris removed?	Yes ☐	No ☐	N/A ☐
3. Were the technicians courteous and informative?	Yes ☐	No ☐	N/A ☐
4. Were you shown the operation of the system?	Yes ☐	No ☐	N/A ☐
5. Were you given a written set of instructions?	Yes ☐	No ☐	N/A ☐
6. Were you given a list of all zones?	Yes ☐	No ☐	N/A ☐
7. Would you recommend our company to your friends?	Yes ☐	No ☐	N/A ☐
8. Were you given alarm permit registration information?	Yes ☐	No ☐	N/A ☐
9. Were you instructed on the use of your password & Monitoring Center?	Yes ☐	No ☐	N/A ☐
10. Do you understand that false alarms are subject to fines and that false alarms detract from the Authority's ability to serve the public?	Yes ☐	No ☐	N/A ☐
11. Did the installation or technician(s) cause any damage to your property?	Yes ☐	No ☐	N/A ☐

TO BE FILLED OUT BY TECHNICIAN:

1. Alarm was left in working order.	Yes ☐	No ☐	N/A ☐
2. Instructed Customer how to operate the system & gave written instructions.	Yes ☐	No ☐	N/A ☐
3. Gave Customer a list of all zones.	Yes ☐	No ☐	N/A ☐
4. Gave Customer alarm permit registration information.	Yes ☐	No ☐	N/A ☐
5. Instructed Customer on the use of password & Monitoring Center.	Yes ☐	No ☐	N/A ☐
6. Affixed decals to Customer's property to inform the public that Customer is protected with an electronic security system and/or fire alarm system.	Yes ☐	No ☐	N/A ☐

Additional Comments:

Date: _____

Acknowledged: _____
Technician's Signature

Customer's Signature