

Inter mediate school



INSTALLATION, SERVICE & MONITORING AGREEMENT

3433 Plains Blvd, Amarillo, Texas 79102 | Phone 806-354-3200 | Fax 806-354-3223
www.allstatesecurity.com

License Numbers: Texas C00368, Texas ACR-1750532, Oklahoma 0094, New Mexico 87600

Client No.	49820
CS No.	K137
Job No.	3863

Client Information

LOCAL CONTACT / BILLING ADDRESS		Premises Type <input type="checkbox"/> Residential <input checked="" type="checkbox"/> Commercial	
Company Name RIVER ROAD ISD		Landline Phone (806) 381-7800 <input type="checkbox"/> None	
Billing Contact DAVID PERRY		Phone 1 (806) 570-1681 <input checked="" type="checkbox"/> Cell <input type="checkbox"/> Work	
Street 9500 N US HWY 287		Phone 2 () <input type="checkbox"/> Cell <input type="checkbox"/> Work	
City AMARILLO	State TX	Zip 79108-1620	Email david.perry@rrisd.net

Services & Installation

SERVICES TO BE PROVIDED (check all that apply)	MONTHLY CHARGES	INSTALLATION	CHARGES
<input checked="" type="checkbox"/> Monitoring: <input checked="" type="checkbox"/> Burglar <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Medical <input type="checkbox"/> CO <input type="checkbox"/> Water <input type="checkbox"/> Temp	\$ 20.00	Installation Charges	\$ 6028.00
<input type="checkbox"/> Cellular: <input type="checkbox"/> Radio: <input type="checkbox"/> Internet: (<input type="checkbox"/> Primary <input type="checkbox"/> Secondary)	\$	Administration Fee	\$ 0.00
<input type="checkbox"/> Allstate Alarm Response (Amarillo City Limits Only)	\$	Cell Activation Fee	\$ 0.00
<input type="checkbox"/> Key Service (see attached Addendum)	\$	Tax	\$ 0.00
<input checked="" type="checkbox"/> Service Plan: <input type="checkbox"/> Full <input type="checkbox"/> Emergency <input checked="" type="checkbox"/> T&M	\$	Total Charges	\$ 6028.00
<input checked="" type="checkbox"/> Mobile App: <input type="checkbox"/> Locks <input type="checkbox"/> Lights <input type="checkbox"/> Thermostat <input type="checkbox"/> Camera	\$ 10.00	50% Deposit Due (with Agreement)	\$ 0.00
<input type="checkbox"/> Opening / Closing:		Balance Due (upon installation)	\$ 6028.00
<input type="checkbox"/> Signals <input type="checkbox"/> Reports <input type="checkbox"/> Supervised <input type="checkbox"/> Unsupervised	\$	Deferred Installation Payment	\$ 0.00
<input type="checkbox"/> Other _____	\$	Billing Cycle: <input type="checkbox"/> Monthly (ACH) <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Monthly (\$2.00)	
Total Monthly Service Charges (Not Including Tax)	\$ \$30.00	Total Term Service Charges	\$ 360.00
Installing Company: ASI	Date: 8-16-16	<input checked="" type="checkbox"/> New System <input type="checkbox"/> Existing System <input type="checkbox"/> Leased Radio	

Agreement & Authorization

TERM AND RENEWAL: THE INITIAL TERM OF THIS AGREEMENT IS FOR ~~FIVE (5)~~ ^{one (1)} YEARS AND SHALL AUTOMATICALLY RENEW FOR SUCCESSIVE ADDITIONAL LIKE TERMS, UNLESS TERMINATED BY WRITTEN NOTICE AT LEAST THIRTY (30) DAYS BEFORE THE END OF THE CURRENT TERM.

CLIENT AGREES TO THE TERMS AND CONDITIONS SET FORTH HEREIN. CLIENT SPECIFICALLY ACKNOWLEDGES CLIENT HAS READ THIS SIX (6) PAGE AGREEMENT AND UNDERSTANDS ALL THE TERMS AND CONDITIONS OF THIS AGREEMENT, INCLUDING BUT NOT LIMITED TO, PARAGRAPH 5, LIMITATION OF LIABILITY AND PARAGRAPH 6, INDEMNIFICATION AND SUBROGATION WAIVER.

RESIDENTIAL CLIENT ACKNOWLEDGES: (I) RECEIVING TWO (2) COPIES OF THE NOTICE OF CANCELLATION FORM WHICH HAS BEEN ORALLY EXPLAINED TO CLIENT, AND (II) CLIENT WILL RECEIVE BY MAIL A SIGNED COPY OF THIS AGREEMENT ONCE APPROVED BY ALLSTATE'S AUTHORIZED REPRESENTATIVE.

YOU, THE RESIDENTIAL CLIENT, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE OF THIS TRANSACTION. SEE THE ACCOMPANYING NOTICE OF CANCELLATION FORM FOR AN EXPLANATION OF THIS RIGHT.

ALLSTATE SECURITY INDUSTRIES, INC.		CLIENT	
Submitted By RAY MORRIS <small>Allstate Representative</small>		Client Signature	Date 7/21/16
Approved By*		Print Name & Title DAVID PERRY	Client Signature
Date _____	Title President	Date _____	Print Name & Title DIR. of Maintenance

*Binding on Allstate only when (1) signed by an Authorized Allstate Officer; or (2) on the date when Allstate first provides the equipment or services checked above. *superintender*

FIELD HOUSE



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License Numbers: Texas C00368, Texas ACR-1750532, Oklahoma 0094, New Mexico 87600

Client No.	49820
CS No.	K136
Job No.	3862

Client Information

LOCAL CONTACT / BILLING ADDRESS			Premises Type <input type="checkbox"/> Residential <input checked="" type="checkbox"/> Commercial
Company Name RIVER ROAD ISD			Landline Phone (806) 381-7000 <input type="checkbox"/> None
Billing Contact DAVID PERRY			Phone 1 (806) 570-1681 <input checked="" type="checkbox"/> Cell <input type="checkbox"/> Work
Street 9500 N US HWY 287			Phone 2 () <input type="checkbox"/> Cell <input type="checkbox"/> Work
City AMARILLO	State TX	Zip 79108-1620	Email david.perry@rrisd.net

Services & Installation

SERVICES TO BE PROVIDED (check all that apply)	MONTHLY CHARGES	INSTALLATION	CHARGES
<input checked="" type="checkbox"/> Monitoring: <input checked="" type="checkbox"/> Burglar <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Medical <input type="checkbox"/> CO <input type="checkbox"/> Water <input type="checkbox"/> Temp	\$ 20.00	Installation Charges	\$ 3568.00
<input type="checkbox"/> Cellular: <input type="checkbox"/> Radio: <input type="checkbox"/> Internet: (<input type="checkbox"/> Primary <input type="checkbox"/> Secondary)	\$	Administration Fee	\$ 0.00
<input type="checkbox"/> Allstate Alarm Response (Amarillo City Limits Only)	\$	Cell Activation Fee	\$ 0.00
<input type="checkbox"/> Key Service (see attached Addendum)	\$	Tax	\$ 0.00
<input checked="" type="checkbox"/> Service Plan: <input type="checkbox"/> Full <input type="checkbox"/> Emergency <input checked="" type="checkbox"/> T&M <i>5/2/16</i>	\$	Total Charges	\$ 3568.00
<input checked="" type="checkbox"/> Mobile App: <input type="checkbox"/> Locks <input type="checkbox"/> Lights <input type="checkbox"/> Thermostat <input type="checkbox"/> Camera	\$ 10.00	50% Deposit Due (with Agreement)	\$ 0.00
<input type="checkbox"/> Opening / Closing: <input type="checkbox"/> Signals <input type="checkbox"/> Reports <input type="checkbox"/> Supervised <input type="checkbox"/> Unsupervised	\$	Balance Due (upon installation)	\$ 3568.00
<input type="checkbox"/> Other _____	\$	Deferred Installation Payment	\$ 0.00
Total Monthly Service Charges (Not Including Tax)	\$ \$30.00	Billing Cycle: <input type="checkbox"/> Monthly (ACH) <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Monthly (\$2.00)	
Installing Company: ASI	Date: 8-15-16	Total Term Service Charges	\$ 360.00
		<input checked="" type="checkbox"/> New System <input type="checkbox"/> Existing System <input type="checkbox"/> Leased Radio	

Agreement & Authorization

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ALLSTATE SECURITY INDUSTRIES, INC.		CLIENT	
Submitted By RAY MORRIS Allstate Representative		Client Signature <i>Richard Kelley</i>	
Approved By* <i>Ray Morris</i> Authorized Allstate Officer		Date 7/21/16	Print Name & Title DAVID PERRY
Date 7-22-14	Title President	Client Signature <i>Richard Kelley</i>	
		Date	Print Name & Title DIR. of Maintenance

*Binding on Allstate only when (1) signed by an Authorized Allstate Officer; or (2) on the date when Allstate first provides the equipment or services checked above.
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Superintendent