

**RIVER OAKS PATROL  
EMERGENCY INFORMATION SHEET**

<b>This block is completed by River Oaks Employees</b>		
<b>ACCOUNT NUMBER:</b>		
<b>ENTER BY:</b>	<b>DATE:</b>	
<p><b>This information sheet needs to be completed by River Oaks residents so that the River Oaks Patrol can maintain current records in case of an emergency. This information is requested from all residents.</b></p>		
Occupant's Names:	Spouse:	
(if different than above)		
Property Owners:	Spouse:	
Property Address:	Zip:	
Mailing: Address:	Zip:	
Home E-Mail Address:		
Bus. E-Mail Address:		
Home Phone:	Other:	
Cell Phone:	Name:	
Cell Phone:	Name:	
Business Phone:	Name:	
Business Phone:	Name:	
<b>Please List the names and telephone numbers of persons who should be contacted in case of an emergency and also who have access to your residence.</b>		
Name:	Phone:	Access Y/N
Name:	Phone:	Access Y/N
Name:	Phone:	Access Y/N
Name:	Phone:	Access Y/N
Name:	Phone:	Access Y/N
Name:	Phone:	Access Y/N
<b>Gate Codes or Other Property Access Information</b>		
<b>Alarm Equipment Information</b>		
Alarm Company:	Phone No.	
<b>PLEASE PRINT A DESIRED PASSWORD (12 CHARACTERS or LESS):</b>		
<b>THIS PASSWORD SHOULD BE PROTECTED AND ONLY GIVEN TO FAMILY MEMBERS, TRUSTED EMPLOYEES AND, RIVER OAKS PATROL EMPLOYEES</b>		

(OVER)

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**Residents Passwords**

To those residents connected to the River Oaks Patrol Alarm Receiver, please keep your password accessible in the event of a false alarm. If false alarm signal is transmitted to River Oaks Patrol, the resident must notify River Oaks Patrol that the alarm signal is false and give the dispatcher the correct password, before the dispatch of a patrol unit will be cancelled.

**Release of Claims**

I unconditionally release and waive all claims, demands and cause of action that I may have arise against River Oaks Property Owners, Inc., River Oaks Patrol, their officers, directors, agents, representatives, employees and assigns (hereinafter "releasees") that arises from injury or death to me or damage to my property which is sustained or alleged to have been sustained in connecton with releasees response to an alarm signal received from the alarm system at the, residence, regardless of whether such claims, demands, cause of action arise in whole or in part from the negligence of releasees, whether it is sole, joint, or concurrent, active or passive.

**Acknowledgment of No Warranties**

I understand that neither River Oaks Patrol nor River Oaks Property Owners, Inc. have made any express or implied warranties, written or oral, about the services provided in connection with the River Oaks Patrol Alarm System Response Receiver, and that any affirmation of fact or promise shall not be deemed to create an express warranty. I further understand that neither River Oaks Patrol nor River Oaks Property Owners Inc. represent or warranty that the connection of the alarm system to the alarm response receiver will prevent any personal injury, or death, or damage to, or destruction of property, or loss by burglary, robbery (hold-up), fire or other occurrence.

**Replaces Prior Forms**

This form replaces all prior River Oaks Patrol Alarm System Response Application and Information Sheet and the fee provisions, and all releases of claim and indemnities contained in prior forms are terminated.

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**Signature Of Owner**

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**Signature Of Spouse**

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**(if applicable)  
Signature of Tenant(s)**

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**Date**