

RESIDENTIAL SECURITY

Needs Analysis

CUSTOMER NAME: _____

ADDRESS: _____

PHONE: _____

CITY: _____

E-MAIL: _____

STATE: _____ ZIP: _____

SECURITY FAMILIARITY

Have you ever owned a security system? Yes No If no, explain:

If yes, what did you like/dislike about it:

SECURITY CONCERNS

Why are you considering enhancing your home's security at this time:

Are you concerned with home intrusion? Yes No

While home alone/asleep? Yes No While away from home? Yes No

Are you concerned with personal safety? Yes No Inside home? Yes No

Outside home? Yes No

Are you concerned with fire safety? Yes No

While home? Yes No While asleep? Yes No While away? Yes No

Have you considered personal panic protection for medical concerns? Yes No

Do you have other security needs? Yes No If yes, explain:

What concerns, if any, do you have about installing a security system:

LIFESTYLE QUESTIONS

How long have you lived in your current home:

How many people live in your home? Adults: Children: Ages:

Do you have pets? Yes No What kind: What size:

Do pets have access to all areas of your home? Yes No

What phone service are you currently using? Landline Cellular VoIP

Do you travel often on vacation or business trips? Yes No What percent of the time:

Is your home left unoccupied often? Yes No During the day? Yes No In the evening? Yes No

Are your family members left home alone? Yes No

After school? Yes No During the day? Yes No

Does someone else have access to your home? Yes No

Relatives? Yes No Neighbors? Yes No Baby sitter? Yes No Housekeeper? Yes No

LOCATION AND LIFESTYLE

- Four or more burglaries in neighborhood in the past few years? Yes No Not Sure
- Home within a few blocks of major highway or adjacent wooded area? Yes No Not Sure
- Home occupied at regular times each day? Yes No Not Sure
- Unusually valuable jewelry, artwork, collections, or electronic equipment in home? Yes No Not Sure
- Home on cul-de-sac? Yes No Not Sure
- Neighborhood program to keep an eye out for criminal activity? Yes No Not Sure

YOUR HOME

- Spare house key kept under a mat, in a flowerpot, or elsewhere outside home? Yes No Not Sure
- Hollow-core doors leading into home from the outside? Yes No Not Sure
- All exterior doors secured by a heavy-duty dead bolt lock and reinforced strike plate? Yes No Not Sure
- Can anything expensive be easily seen by looking through a window? Yes No Not Sure
- Pet door large enough to allow person to squeeze through? Yes No Not Sure

YOUR YARD

- Tree limb could give an agile climber access to second-story window or balcony? Yes No Not Sure
- Overgrown trees or shrubs prevent any door or window from being seen from the street or a neighbor's house? Yes No Not Sure
- All sides of home well lit at night or equipped with motion-sensitive lights? Yes No Not Sure
- Lawn and yard well maintained, even when gone for a week or more? Yes No Not Sure
- Valuable lawn and garden equipment left in yard? Yes No Not Sure

WHEN NO ONE IS HOME

- Timers used on some lights? Yes No Not Sure
- Some doors or windows unlocked? Yes No Not Sure
- Mail and newspapers picked up every day by a friend or neighbor when away from home? Yes No Not Sure

DOORS

Dead bolts: Yes No Condition: _____ Doorknobs/locks: Yes No Condition: _____

Strike plates: Yes No Condition: _____ Glass in door: Yes No Condition: _____

Comments: _____

WINDOWS (MAIN FLOOR)

Window type: Double hung Casement Stationary Slider Picture Bay Other:

Locks: Yes No Condition:

Screens: Yes No Condition:

Accessible from outside: Yes No

Comments:

EXTERIOR

Lighting: Excellent Good Fair Poor Additional lighting needed: Yes No Where:

Obstructions by windows: Yes No If yes, explain:

Phone line exposed: Yes No Fence around yard: Front Yes No / Back Yes No Type:

Gates accessible: Yes No Gates locked: Yes No If yes, type of lock:

Ladders or patio furniture accessible: Yes No Other items that can be used to access windows: Yes No

Comments:

GARAGE

Automatic opener: Yes No If yes, is emergency pull cord accessible: Yes No

Opener with a keypad on exterior: Yes No

Exterior door to yard: Yes No If yes, is there a dead bolt on door: Yes No

Windows present in garage: Yes No

FIRE SAFETY

Home has smoke detectors by every bedroom: Yes No If no, where are they needed:

Smoke detector batteries changed every six months: Yes No Home has CO detectors: Yes No

Fire escape plan for each room of the home: Yes No Back up escape plan: Yes No

Comments:

SECURITY SYSTEM

Operational: Yes No Coverage:

Comments:

SECURITY CONSULTANT: _____

DATE: _____

Attention: There is no promise, written or otherwise, that would indicate that the following of these recommendations will prevent you or your home from being a victim of crime. These recommendations are for information purposes only and you agree that there are other means other than those discussed here to protect you and your home from being a victim of crime.

SECURITY DESIGN

K = Keypad	D = Door contact	C = Control panel	W = Window contact	G = Glass break
S = Sounders	M = Motion detector	F = Smoke detector	H = Heat detector	HS = Horn Strobe
P = Pull station	CA = Camera	MO - Monitor	NVR = NVR	Z = Z-Wave® device
AD = Access Door	R = Reader	PB = Panic Button	DC = DualCom™	CE = Critical Equipment

DESCRIPTION	INSTALLATION FEE	MONTHLY SERVICE
Plus applicable sales tax		

Comments or special instructions:

Security Consultant
Phone Number
Accepted By
Date