

E911 Cert Form

CUSTOMER INFORMATION

Company Name: _____

First Name: _____

Last Name: _____

Street Number: _____

Street Name: _____

Location Type (Building, Floor, Suite, etc.): _____

Location Number (Apartment #, floor, Ste, etc.): _____

City: _____

State: _____

Zip: _____

Associated Phone Numbers:



Signature:

Date:

Failure to Designate the Correct Physical Address When Activating 911 Dialing. Failure to provide the current and correct physical address(es) and location(s) of your Equipment will result in any 911 communications you may make being routed to the incorrect local emergency service provider. This must be the actual physical street address where the Equipment is located, not a post office box, mail drop or similar address. (Please see the Terms of Service for ALL E911 related disclaimers. You can access those at www.audian.com or email a request to: support@audian.com.)