



Property Security System Record

Complete one form per property. Keep on file for staff reference and manager transitions.

PROPERTY INFORMATION

Property Name _____

Property Address _____

City _____

State / ZIP _____

Property Manager Name _____

Manager Phone _____

Manager Email _____

Regional Manager Name _____

Regional Manager Phone _____

Regional Manager Email _____

Management Company _____

GOTCHA SECURITY ACCOUNT

Gotcha Security Account Representative _____

Rep Phone _____

Rep Email _____

Account Number _____

Keep accessible for service calls

CENTRAL MONITORING STATION

The central station receives and dispatches alarms. This is different from your Gotcha Security service contact.

Central Station Name _____

Central Station Direct Phone _____

Use this number to cancel false alarms

Monitoring Account Number _____

Verbal Cancellation Password _____

Fire Alarm Dispatch Address _____

Confirm this matches the physical property address

Burglar Alarm Emergency Contact – 1st _____

Burglar Alarm Emergency Contact – 2nd _____

Fire Alarm Emergency Contact – 1st _____

Fire Alarm Emergency Contact – 2nd _____

SECURITY CAMERAS & VIDEO SURVEILLANCE

Camera system installed on this property

Yes

No

Install Date: _____

System / Platform Name _____

e.g. Digital Watchdog, Milestone, SmartPSS

Manufacturer _____

Camera Management Software – Login URL or App Name _____

Who currently has system access _____

List names – individual credentials only, do not share passwords

Footage Retention Period _____

Storage Type _____

Local / Cloud / Both

Questions about your systems?

678-430-3116

gotchasecurity.net

Contact Gotcha Security to update system information or to add new systems to your property.

Notes

ACCESS CONTROL

Access control system installed on this property Yes No Install Date: _____

System / Platform Name
e.g. DoorKing, Alarm.com, Swiftlane, Accentra _____

Manufacturer _____

Platform – Login URL or App Name _____

Who currently has system access
List names – individual credentials only, do not share passwords _____

Number of Controlled Entry Points _____ Number of Active Credentials _____

Notes _____

VEHICLE GATES

Vehicle gate(s) installed on this property Yes No Install Date: _____

System / Platform Name
e.g. DoorKing, LiftMaster _____

Manufacturer _____

Number of Gates _____ Gate Service Contact
Who to call for gate issues _____

Last PM / Inspection Date _____ Last Loop Test Date _____

Notes _____

BURGLAR / INTRUSION ALARM

Burglar alarm installed on this property Yes No Install Date: _____

System / Platform Name
e.g. Alarm.com _____

Manufacturer _____

Number of Zones _____ Panel Location on Property _____

Notes _____

FIRE ALARM

Fire alarm system installed on this property Yes No Install Date: _____

System / Platform Name
e.g. Fire-Lite, Silent Knight _____

Manufacturer _____

Last Annual Inspection Date _____ Next Inspection Due _____

Inspection Company _____

AHJ / Fire Marshal Contact
Authority Having Jurisdiction _____

Notes _____

FIRE SPRINKLERS

Fire sprinkler system installed on this property Yes No Install Date: _____

Questions about your systems?

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gotchasecurity.net

Contact Gotcha Security to update system information or to add new systems to your property.

Last Annual Inspection Date	_____	Next Inspection Due	_____
Inspection Company	_____		
Notes	_____		

OTHER LIFE SAFETY SYSTEMS

Fire Extinguishers	Yes	No	Last Annual Inspection: _____
Emergency Lighting & Exit Signs	Yes	No	Last Annual Inspection: _____
Fire Hydrants	Yes	No	Last Annual Flow Test: _____
Backflow Preventers	Yes	No	Last Annual Test: _____
BDA / ERCES Public Safety Radio	Yes	No	Last Inspection: _____

INTERCOM SYSTEM

Intercom system installed on this property	Yes	No	Install Date: _____
System / Platform Name	_____		
App Name <i>If app-based system</i>	_____		
Who currently has system access <i>List names – individual credentials only, do not share passwords</i>	_____		
Notes	_____		

RECORD KEEPING

Location of inspection reports and service records <i>Property binder / shared drive / other</i>	_____		
This form completed by	_____	Date completed	_____
Last updated by	_____	Date updated	_____