

Managed Access Control Change Holiday Schedule Form

PORTLAND
530 NE Couch St
Portland, OR 97232
(503) 281-1177

SEATTLE
1015 Central Ave N
Kent, WA 98032
(425) 988-6500

SPOKANE
425 W Second Ave
Spokane, WA 99201
(509) 624-3152



Complete this form, sign it, and then return it to Allied via email to managedaccess@allied-security.com or fax to 509-624-7043.

Customer Name _____

Administrator Name _____

Customer Account # _____

Email _____

Phone _____

Fax _____

Holidays for Calendar Year _____

Date of Form _____

Holiday Name: _____
Date (Month-Day-Year): _____
24 Hours (check) or Start time: _____
End time: _____
Recurring Holiday (check)

Holiday Name: _____
Date (Month-Day-Year): _____
24 Hours (check) or Start time: _____
End time: _____
Recurring Holiday (check)

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Recurring Holiday (check)

Holiday Name: _____
Date (Month-Day-Year): _____
24 Hours (check) or Start time: _____
End time: _____
Recurring Holiday (check)

As an administrator for my company, I authorize Allied Fire & Security to modify my access control systems as directed above.

Signature _____

Print Name _____

Date _____