



Surveillance Quote Request Form



Name: _____ Company: _____

Address: _____ City: _____ State: _____ Zip: _____

Work Phone: _____ Fax: _____ E-Mail: _____

Please describe your current video surveillance needs:

- We are looking to purchase a new system
- We are looking to expand our current system
- We are looking to replace our current system

How many indoor cameras will you need? _____ Mounts: _____ Wall _____ Ceiling _____ Corner _____ Not Sure

How many outdoor cameras will you need? _____ Mounts: _____ Wall _____ Corner _____ Pole _____ Not Sure

Are all the cameras in the same building? Yes No If No how many buildings? _____

Will you need a mobile camera? Yes No If Yes how many? _____

Will you need a mobile DVR? Yes No If Yes how many? _____

Camera feature requirements: Color Black & White Night Vision Zoom Lens Other: _____

How many days of video recording do you require the DVR system to support? _____

Do you plan on accessing your security cameras remotely over the internet? Yes No Not sure

Do you need a lock box for the DVR? Yes No

Do you need a keyboard for the DVR or Camera? Yes No

Add any special needs or circumstances related to your security system.

Installation Requirements:

How long are the cables needed for the cameras? Less the 150 feet More than 150 feet Not sure

Where will this system be installed? _____

When is the best time to contact you? _____