



**Customer Authorization for Disclosure of Alarm Activity**

**\$25 Fee Required**

I, \_\_\_\_\_, authorized user of Cox Homelife services, hereby authorize Cox Communications, Inc. to disclose alarm activity, events, pictures, video and/or audio from (DATE) \_\_\_\_\_, (TIME) \_\_\_\_\_ to \_\_\_\_\_ a.m./p.m. to: (MUST BE PHYSICAL ADDRESS OR EMAIL ADDRESS ON THE COX ACCOUNT)

REASON FOR REQUEST: \_\_\_\_\_

I hereby agree to indemnify and hold Cox harmless for any claim, demand, loss or injury, including attorneys' fees brought against Cox by a third party, as a result of Cox's compliance with this request. Additionally, I hereby acknowledge that this request is made solely at my request and that the information shall not be shared or disseminated for any unlawful purpose.

\_\_\_\_\_  
Customer Name (Print)

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Mailing address (please provide **full** address)

\_\_\_\_\_  
City, State, Zip code

\_\_\_\_\_  
Date

\_\_\_\_\_  
ID Verified

\_\_\_\_\_  
Cox Representative Verifying ID

**Please fax to: (404) 269 1898; Attn: Custodian of Records**