High Point Systems Integration, LLC
“Precision At Its Peak.”
Littleton, CO 80125

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New Security System Installation

Industrial Intake Form

Thank you for choosing High Point Systems Integration for your security system's needs! To ensure we can provide you with the most detailed and professional service, please complete the following form with as much detail as possible. Once submitted, we will review and respond to you via email or phone call within 24 business hours.

Customer Information

Primary Point Of Contact (POC):

- **Name:**
- **Title:**
- **Company Name (if applicable):**
- **Address:**
- **City:**
- **State:**
- **Zip Code:**
- **Phone Number:**
- **Email:**

Secondary POC (If applicable):

- **Name:**
- **Title:**
- **Phone Number:**
- **Email:**

On-Site Security Assessment

Would you like to schedule an **on-site security assessment** with a technician before installation?

- ☐ Yes, please contact me to schedule.
- ☐ No, I do not require an on-site assessment.

Preferred Date/Time for Assessment (if yes):

1. Site Information

- **Building Address (Street Address, City, State, Zipcode):**
- **Total Square Footage:(If Applicable)** sq. ft.
- **Number of Floors:**
- **Number of Main Entry Doors:**
- **Number of Side/Secondary Doors:**
- **Number of Bay Doors:**

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2. Surveillance Requirements

A. Interior Surveillance

- Interior Cameras ☐ Yes ☐ No
- **Number of Interior Cameras Requested:(If Applicable)** _____
- Key Areas for Coverage:
  - ☐ Hallways / Corridors
  - ☐ Storage Areas / Warehouses
  - ☐ Loading Docks
  - ☐ Office Spaces
  - ☐ Other: _____

B. Exterior Surveillance

- Exterior Cameras ☐ Yes ☐ No
- **Number of Exterior Cameras Requested:(If Applicable)** _____
- Key Areas for Coverage:
  - ☐ Main Entrances
  - ☐ Parking Lots
  - ☐ Perimeter Fencing
  - ☐ Loading Areas
  - ☐ Other: _____

3. Video Management Preferences

- **Virtual / Cloud-Based Video Management** (Accessible remotely) ☐ Yes ☐ No
- **On-Site Video Management** (Local servers / storage) ☐ Yes ☐ No
- Preferred Video Retention Period: _____ days
- AI Analytics ☐ Yes ☐ No
- Intrusion Detection ☐ Yes ☐ No
  - If yes, would you like all ☐ Doors ☐ Windows to be monitored?
- Motion Detection ☐ Yes ☐ No
- Night Vision ☐ Yes ☐ No
- Remote Viewing / Mobile App Access ☐ Yes ☐ No

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4. Access Control System

Select all that apply:

- Keycard Access ☐ Yes ☐ No
- Key Fob Access ☐ Yes ☐ No
- Keypad / PIN Entry ☐ Yes ☐ No
- Biometric Access (fingerprint / facial recognition) ☐ Yes ☐ No
- Number of Access Points to Control:(If Applicable) _____

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5. Additional Notes or Special Requirements

High Point Systems Employee to Fill Out:

Reviewed/Verified by:

Date & Time:

☐ Approved ☐ Denied

Reason:

Assigned to:

Date & Time:

Received By:

Date & Time: