SATELLITE SECURITY SERVICES

INTERNET REPLY

In the event of an alarm activation being received by the Monitoring Centre, I request that Satellite Security Services carry out the following alarm response procedures:
I request that one of the following nominated people be contacted upon receipt of an Intruder Activated Alarm, unless otherwise stated police will be requested to attend all Duress and Hold Up alarms.

(Please send one copy per partition)

NOMINATED PEOPLE TO BE CONTACTED	PHONE NUMBER	MOBILE NUMBER	
1			
2.			
3			
4.			

PREMISES CLOSING TIMES FOR PARTITION _____(Please send one copy per partition area)

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
OPENING							
CLOSING							

Please note if you have more than one Partition or Area you must fill in one form per area stating closing times and after hour's contacts. If only one form is sent then all areas will obtain the same after hours and closing schedule.

PLEASE SELECT ONE OPTION

1 Please contact one of the above for all alarm activation's YES ☐
(DO NOT send a Security Patrol Officer)

2 Please contact one of the above for all alarm activation's YES ☐
Send a Security Patrol Officer if no after hours can be contacted

3 **Dispatch a Security Patrol Officer** to investigate the cause of the alarm and only contact one of the above nominated contacts should a break and entry situation be confirmed. YES ☐

I acknowledge that in requesting a Licensed Security Patrol Officer to respond to the alarm I will be charged for this service and agree to pay all such charges in accordance to Satellite Security's normal trading terms.
The fee for this service will be **SIXTY DOLLARS ($60.00 inc GST)** per attendance. Plus extra if on site for more than 15 minutes.

CLIENT NAME:			
ADDRESS:			
CONTACT NAME:			
SIGNATURE:		**DATE:**	