

SATELLITE SECURITY SERVICES - DOMESTIC ALARM PROCEDURE FORM

Please complete this form only if your details have changed.

In the event of an alarm condition including activation or system fault being received by Combined Monitoring Centre

I request that the following nominated person(s) are to be contacted :-

NOMINATED PEOPLE TO BE CONTACTED	PHONE NUMBER	MOBILE NUMBER		
1				
2				
3				
4				
5				

PLEASE SELECT ONE OPTION

- 1** Please contact one of the above for **ALL** alarm conditions, activations, system faults **YES**
DO NOT send a Security Patrol Officer if the above nominated person(s) can not be contacted.
- 2** Please contact one of the above for **ALL** alarm conditions, activations, system faults **YES**
Send a Security Patrol Officer if the above nominated person(s) can not be contacted.
- 3** **AUTOMATICALLY DISPATCH A SECURITY PATROL OFFICER for ALL alarm conditions, activations, system faults** **YES**
IMPORTANT: The above nominated person(s) are only contacted following a confirmed break and enter at the premises. For all other alarm conditions - nominated person(s) WILL NOT be contacted.
Please note Option 3 can only be selected if keys to the premises are held by the guard company.
Note : Satellite Security does NOT recommend this option due to the probability of accumulating numerous call out fees without the above nominated person(s) being contacted.

I acknowledge that by requesting a Licensed Security Patrol Officer to respond to the alarm condition I WILL be charged for this service and thereby agree to pay ALL such charges according to Satellite Security's normal trading terms. The fee for the service will be at the CURRENT MARKET PRICE per attendance, which includes the first 15 minutes on site. Additional charges and fees will be incurred per 15 minutes thereafter.

I _____ am duly authorized to accept the conditions as outlined on this form.

SIGNATURE _____ DATE _____

AUTHORIZED NAME _____

SITE NAME	
SITE ADDRESS	