



Xcellence in Quality and Service

SECURITY SYSTEMS & SERVICES

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ALARM CALL OUT EMERGENCY CONTACT INFORMATION

The owner/manager,

In order to ensure that an efficient service is provided to you in the event of an after-hours security alarm or emergency situation, your assistance is required in reviewing and updating your emergency contact details.

If updating is needed, please complete and forward this form at your earliest convenience, by email post or facsimile. To assist for future reference, please retain a copy of your completed form and hold on file.

Company Name/Client Name:

Site Address:

Email address for future correspondence

Date of information update: / / Telephone Number:

EMERGENCY CONTACT INFORMATION (IN ORDER OF PRIORITY OF CONTACT):

It is imperative that the persons nominated be:

- (i) Keyholders, and
- (ii) Have access to the premises and are willing to attend to an emergency call.

Name	Home phone	Work phone	Mobile
1			
2			
3			
4			
5			
6			

In an event that Keyholders are not available, do you authorize us to dispatch a Patrol Guard, at your cost, to your premises to carry out and external check? YES / NO (delete as applicable)

In an event that Keyholders are not available, do you authorize us to dispatch a Patrol Guard, at your cost, to your premises to carry out and external check and reset the security system? YES / NO (delete as applicable)
 (if YES we will require three (3) sets of entry door keys)

If keys are held on your behalf, have you changed the locks or keys since the last issue? YES / NO (delete as applicable)

Where physical security cannot be re-established, in an event that the Keyholders are not available, do you authorize us to post a guard, at your cost, until you are notified? YES / NO (delete as applicable)

Name of authorized Person: Signature: Date: / /

FOR MONITORING COMPANY USE ONLY:

Date: / / Database changed by: Date: / /