

SATELLITE SECURITY SERVICES - COMMERCIAL ALARM PROCEDURE FORM

Please complete this form only if your details have changed.

In the event of an alarm condition including activation, system fault or failure to arm system before the nominated closing time(s) being received by Combined Monitoring Centre, I hereby request that Satellite Security carry out the following.
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 | | | |

PREMISES CLOSING TIMES FOR PARTITION _____ PLEASE SEND ONE PER PARTITION

| | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY |
|---------------|--------|---------|-----------|----------|--------|----------|--------|
| CLOSING TIMES | | | | | | | |

Please note if you have more than one area you must fill out 1 form per area stating closing times and after hours contacts.

PLEASE SELECT ONE OPTION

- 1** Please contact one of the above for **ALL** alarm conditions, activations, system faults and for failure to arm the system after the above nominated closing time(s). **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 and for failure to arm the system before the above nominated closing time(s). **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 and for failure to arm the system before the above nominated closing time/s.** **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 authorised on behalf of the company _____

to accept the conditions as outlined on this form.

SIGNATURE _____ DATE _____

AUTHORIZED NAME _____

| | |
|--------------|--|
| SITE NAME | |
| SITE ADDRESS | |