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Revision:

Site Name:

Site Address:

Phone: 1300 922 429

Email: steve@securitystrategies.com.au Security License: 719-113-40S Cabling Registration: S27358



ABN: 15 064 229 549 Security Strategies PO BOX 909 CROYDON, VIC 3136

Date:

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MONITORING CANCELLATION FORM

SITE / CLIENT DETAILS

Site Phone Number: (03)

Melways Reference:	Control Room Code:	
Contact Name:	Contact Number:	
Contact Email:		
Date Security Monitoring to be cancelled from: / / 20 at 23:59		
1	(customers name) confirm that;	
- I am the client listed above or authorised directly by the client to	make the above changes to the alarm monitoring at the above	
address on behalf of the client.		
- I understand that by cancelling the alarm monitoring from the da	ite and time listed above, no refund will be given for payments	
already been made to Security Strategies for monitoring on the ab-	ove site.	
- I understand that by cancelling the alarm monitoring from the da	ite and time listed above, no actions will be taken by the control	
room with any alarm or system events received from the alarm sys	stem, this includes, but not limited to, intruder, duress and fire	
alarms, system alarms, tampers, communication fail events and op-	pening and closing schedules.	
- I understand that by cancelling the monitoring service, the alarm	system may still make phone calls via the landline or via mobile	
network (SIM card - if fitted) or communicate via ethernet and inte	ernet connection (if fitted) as normal, sending alarm and system	
events to the control room. Cancelling the monitoring does not sto	op the alarm panel from reporting. The alarm system may indicate	
that there is a fault or service is required if it can no longer commu	unicate with the control room. A technician would be required to	
come out to site to program the communication paths of the alarm	n system to stop communicating.	
	(customers signature) Date: / / 20	
	,,	

PLEASE EMAIL OR POST THIS COMPLETED FORM TO THE ABOVE CONTACT DETAILS