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CONFIDENTIAL INFORMATION – DO NOT COPY

UPDATING COMMUNICATION DETAILS FORM

SITE / CLIENT DETAILS

Site Name:	Site Phone Number: (03)
Site Address:	
Contact Name:	Contact Number:
Contact Email:	

SCHEDULED ARMING (CLOSE) / DISARMING (OPEN) TIMES

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
ALARM OFF							
ALARM ON							
Special Comments / Considerations:							

POST SECURITY CONTACT DETAILS

All emergency contacts are encouraged to hold keys. Please advise *Security Strategies* immediately if this list changes.

A voice code can be a single word or phrase. It is to identify the person to the operator in our Control Room.

#	Contact Name	Voice Code	Phone Number
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

I am the client listed above, or authorized directly by the client to accept these terms on behalf of the client.

The above information on this page is correct and complete, and I understand the control room response procedures that I have requested. I will notify *Security Strategies* in writing (signed and dated) immediately of any changes to the premises or alarm system that may affect its proper operation, or changes to contacts, contact phone numbers, business hours if applicable, response procedures etc.

I understand that it may take up to 48 hours for the above details to be checked and updated with the control room, and be put into service.

Client Name: _____ Client Signature: _____