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**CONFIDENTIAL INFORMATION – DO NOT COPY**

## UPDATING USER CODES FORM

### SITE / CLIENT DETAILS

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

### USER DETAILS

User #	Name	Code	Voice Code	User Type
01				
02				
03				
04				
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20				

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: \_\_\_\_\_