

LETTER OF AUTHORISATION

I hereby authorize Ausecom Electronics or its agents to dispatch Patrol Response at my expense in the following circumstances:

(Please tick preference)

- On alarm, but only when authorized by a nominated key holder;
- On alarm, if no key holder can be contacted;
- On any alarm

To the following premises:

Name: _____

Street: _____

Suburb: _____

Authorized by:

Name: _____

Signature: _____

Date: _____



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TIMEZONE					
Main Area			Any Secondary Area		
Day	Open Time	Close Time	Day	Open Time	Close Time
M			M		
T			T		
W			W		
T			T		
F			F		
S			S		
S			S		

ALARM PANEL USERS					
User ID	User Name	Code	User ID	User Name	Code
1			6		
2			7		
3			8		
4			9		
5			10		

KEY HOLDER NOTIFICATION					
Contact	Contact Name	Phone 1	Phone 2	User name for online access	Password for online access
1					
2					
3					
4					
5					
6					



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Agreement

Client Sign-Off:

I, the Client, accept that the Alarm System and Monitoring have been fully configured as above, tested and proven to be operating correctly. I have reviewed the above standard response notifications and have either kept, changed or altered the notifications to suit my requirements. I understand that it is my responsibility to pay any fees or charges for patrol, guard and emergency services as a result of my authorization or error and to immediately updated the key holders and contact details as they may change. I further acknowledge that I have received a response call as a result of the alarm system being activated and I am in a position to sign and authorize this document.

Print Name _____ Signature _____ Date _____

Bureau Sign-Off:

I, the Bureau accept that the Alarm System and Monitoring have been fully configured as above, tested and proven to be operating correctly. I have explained the above standard response notifications with my Client and they have kept, changed or altered the notifications to suit their requirements. I have explained to the Client that it is their responsibility to pay any fees or charges for patrol, guard and emergency services as a result of their authorization or error and that they must immediately update the key holders and contact details as they may change. I further acknowledge that the Client has received a response call as a result of the alarm system being activated and I can confirm that the person signing the Client Sign-Off is in a position to sign and authorize this document.

Print Name _____ Signature _____ Date _____



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