

REMOTE MONITORING INFORMATION

_											
Customer:											
System Reference:											
Address of Alarmed Premises:											
Post Code:											
Premises Telephone Number(s):											
Customers email:											
For Non-Domestic customers, please provide the details of the person in your organisation who has responsibility for the alarm "The Alarm Manager" Name:											
	Telephone: 1:		2:								
email:											
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SITE PASSWORD (Maximum of 9 Characters)											
SITE PASSWORD: Must be known to		all keyh	olders &	authoris	ed alarm	users w	ith code	∟ or proxii	mity	tag	
KEYHOLDERS It is a Police requirement that you nominate a minimum of TWO key-holders, who must be able to attend the premises, with their own transport, within 20 minutes of an alarm activation. We also recommend that they are contactable by mobile telephone. Each key-holder should also have a unique individual password to allow them to be identified by the Alarm Monitoring Centre									are a		
KH	NAME:										
1	Tel: (Home)										
	Tel: (Mobile)										
	Individual Password:										
KH	NAME:										
2	Tel: (Home)										
	Tel: (Mobile)										
	Individual Passwor	d:									
KH	NAME:										
3	Tel: (Home)										
	Tel: (Mobile)										
	Individual Passwor	d:									
Signed: P		Print Na	ame:			Date	ed:				

Return to <u>admin@wiltonsecuritysystems.com</u> or by Post