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Alarm Monitoring Cancellation Form

Site Name:

Site Street Address:

Suburb: State: Postcode:

Contact Name:

Contact Phone Number:

Contact Email Address:

Date monitoring to be cancelled from: / / 20 at 11:59 PM

I (customers name) confirm that;

- I am the client listed above or authorized 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 date and time listed above, no actions will be taken by the control room with any alarm or system events received from the alarm system, this includes, but not limited to, intruder, duress and fire alarms, system alarms, tampers, communication fail events and opening and closing schedules
- I understand that by cancelling the monitoring service, the alarm system may still make phone calls (if dialler) on the landline or make phone calls and or use data via mobile network (SIM card) (if fitted) or communicate via ethernet and internet connection (if fitted) as normal in sending alarm and system events to the control room, cancelling the monitoring does not stop the alarm panel from reporting, or attempting to report and the alarm system may indicate on the keypad, by fault symbol or message on the screen and or fault indicator warning / beeps to indicate that there is a fault or service is required if it can no longer communicate with the control room, in most cases a technician would be required to come out to site to program the communication paths out of the alarm system and ensure there are no faults
- I understand that alarm monitoring up to the cancellation date shown above will be billable and any monitoring costs paid in advance for monitoring beyond the cancellation date shown above may be non refundable.

..... (customers signature) Date: / / 20.....

Please email, post or fax this completed form to the above contact details

OFFICE USE ONLY

Account Number: Backup Account Number:

ADO AIP AIPT _____ STS CWC