

# HOME SECURITY AUTHORITY & ALARM COMMISSIONING REQUEST

Sanctuary Lakes has chosen CLUBLINKS SECURITY to provide 24 hour alarm monitoring services to its residents.

CLUBLINKS SECURITY holds a Victorian Police Security Licence (72731970S) to provide monitoring services for residents and also holds a Victorian Police Security Installer License (72731991S) to provide commissioning services.

In order to facilitate ongoing monitoring of your home by CLUBLINKS SECURITY, you must complete & return this HOME SECURITY AUTHORITY & ALARM COMMISSIONING REQUEST form to CLUBLINKS SECURITY.

**Post:** C/- PGA National Office, 600 Thompsons Road, Sandhurst VIC 3977

**Fax:** 03 9782 1719

## SECTION ONE HOME SECURITY AUTHORITY

Alarm Monitoring (remote monitoring of intruder alarm systems) at Sanctuary Lakes Club is arranged by Club Management for each home in accordance with the Club's Rules. This service is provided to residents free-of-charge.

The Occupant of this home must complete each of the components of this HOME SECURITY AUTHORITY form & return it to CLUBLINKS SECURITY. Please print using **BLOCK** letters and ensure that you **SIGN** the bottom of the first & third pages, as we are unable to arrange a Technician without your authority.

FULL NAME OF OCCUPANT \_\_\_\_\_

STREET ADDRESS OF HOME \_\_\_\_\_

SITE PASSWORD \_\_\_\_\_ (OCCUPANT MUST NOMINATE A PASSWORD FOR EMERGENCY IDENTIFICATION PURPOSES)

HOME TELEPHONE NUMBER \_\_\_\_\_ MOBILE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

MANUFACTURER OF ALARM \_\_\_\_\_ (PLEASE LIST THE MAKER'S NAME ON ALARM PANEL)

HAS YOUR ALARM BEEN COMMISSIONED? YES NO (CIRCLE APPROPRIATE)

EMERGENCY CONTACT NUMBERS 1<sup>ST</sup> \_\_\_\_\_ 2<sup>ND</sup> \_\_\_\_\_

NAME OF EMERGENCY CONTACTS \_\_\_\_\_

IS A TELEPHONE LANDLINE CONNECTED TO YOUR HOME? YES NO (CIRCLE APPROPRIATE)

IS POWER CONNECTED TO YOUR ALARM PANEL? YES NO (CIRCLE APPROPRIATE)

IF YOU ANSWERED "NO" TO EITHER OF THE ABOVE QUESTIONS, YOUR ALARM CANNOT BE COMMISSIONED AT THIS TIME. PLEASE CALL CLUBLINKS SECURITY ON 1300 880 809 FOR MORE INFORMATION

OWNER  TENANT  (TICK APPROPRIATE)

### AUTHORITY FOR REMOTE DIAL-UP AND MONITORING BY ALARM MONITORING PROVIDER

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**SECTION TWO                      ALARM COMMISSIONING REQUEST**

The information contained within this ALARM COMMISSIONING REQUEST is required to enable service providers to commission you alarm system.

The Occupant of this home must complete each of the components of this ALARM COMMISSIONING REQUEST and return it to CLUBLINKS SECURITY. Please print using **BLOCK** letters.

NAME OF ALARM SYSTEM INSTALLED \_\_\_\_\_

TELEPHONE NUMBER OF ALARM INSTALLER \_\_\_\_\_

ZONE LISTING (PLEASE COMPLETE THE FOLLOWING TABLE OR ATTACH ZONE LISTING PROVIDED BY THE INSTALLER OF THE ALARM SYSTEM)

ZONE	LOCATION IN HOUSE	DEVICE TYPE (REED / PIR / SMOKE / TAMPER)
001		
002		
003		
004		
005		
006		
007		
008		
009		
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