

MOONLIGHT ELECTRICAL & SECURITY

Control Room Phone (08) 8234 8899 Fax (08) 8443 9625

CENTRAL STATION - CLIENT DATA SHEET

Client No : 02 – 02 – (_____) **Installing Tech** : _____ **Date**: _____ / _____ / _____

Client Name _____ **Premises Voice Code** _____

Name Cont : _____ **Audible** Yes No

Address : _____ **Strobe** Yes / No **Latching** Yes / No

X Street : _____ **Account Type** Comm Dom Ind

Town : _____ **Panel Make & Model** _____

State _____ **Post Code** _____ **Alarms Only** **Open/Close** **Late to Close**

Phone No 1: _____ **Wk Reports** **Exp/Frmt** **Contact ID**

Phone No 2: _____

Fax No: _____ **Police** **Patrols** **To Attend First**

Contact: _____ **Auto tests** Yes No **Every**: { _____ } **Days**

Phone No unit Is Connected To _____ **FAX By Pass** Yes No

First Ph No Programmed Into Panel To _____ 1345 1869 **Second Ph No** 1345 1869

Toll free no used Yes No **Weekly Monitoring fee \$** _____ : _____ **PLUS + GST \$** _____ : _____

Control unit location _____ **Main Code Pad location** _____

After Hours Contacts	Phone Numbers	ETA min	V/c Cde	Bur	Fire Ind	LPT LBT	Med	
Please State : If After Hours are to be advised on (1) All Alarms (2) Genuine Alarms Only								

Insurance Company _____ **Or Broker** _____

I acknowledge/accept the accuracy, term and conditions on both sides of this form if printed on back.

DATE: _____ / _____ / _____

CLIENT SIGNATURE _____

Access/Times	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Earliest Opening							
Latest Closing							

01=				09=			
02=				10=			
03=				11=			
04=				12=			
05=				13=			
06=				14=			
07=				15=			
08=				16=			

ACCESS LEVELS 1. Owner fully/authorised 2. Management 3. Authorised after/hours

4. Staff allow schedule changes 5. Unauthorised/ahrs 6. Security Comp/personnel 7. Emergency

Sector	Equipment	SIGHTED TO SCAN WITHIN
001		
002		
003		
004		
005		
006		
007		
008		
009		
010		
011		
012		
013		
014		
015		
016		

Special Instructions