

AUTOMATIC FIRE ALARM MONITORING AGREEMENT
(CUSTOMER TO COMPLETE)



Protected Premises: Name and address of building to be monitored by the Fire & Emergency Services

Building Name:			
Building Address:			
Suburb:		Town/City	

Fire System Alarm/Sprinkler Owner or Building Owner: (or the customer paying the bills)

Company Name:			
Postal Address:			
Suburb:		Town/City:	
Contact Name:			
Phone:		Mobile:	
E-mail:			

Building Occupant Information (Tenant): (If different to info above)

Company Name:			
Postal Address:			
Suburb:		Town/City:	
Contact Name:			
Phone:		Mobile:	
E-mail:			

Extra Contacts and Keyholders: Persons to be contacted in listed order if access to building or information is required by Fire & Emergency Services. PLEASE NOTE: At least one contact must be listed per site.

Keyholder Name:	Phone:	Mobile:	Comments
E-mail:			
E-mail:			
E-mail:			

Terms & Conditions:

In filling out this document you agree in full to our terms and conditions, which are available in their entirety on our website:
<https://www.afam.co.nz/resources.html>

Contract Term: (please select one)	<input type="checkbox"/> 0-12 months	<input type="checkbox"/> 24 months	<input type="checkbox"/> 36 months
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Signature: _____ **Name:** _____ **Date:** _____