

## SECURITY DEVICE REQUEST FORM

Property Name/Address: \_\_\_\_\_

- Please complete and return the order form via email, fax or to our PO Box. An invoice will then be issued.
- Please note we do not accept payment over the counter at our office. Payment options are listed on the invoice.
- If you are collecting from our office, we are located on Level 1, 6 Preston Street, Como and our opening hours are between 8:30 am-5:00 pm Monday – Friday (excluding Public Holidays).
- Photo ID is required when collecting the device from our office. If you arrange for a third party to collect the device you are required to provide their name in writing.
- For an additional cost of \$16.50 (Inc GST) we can send the devices to you via registered post. Please ensure that you note this on the form and provide us with your mailing address upon ordering.
- The device suppliers do not issue warranties on the devices, please make sure that you keep the device away from heat, moisture, mobile phones and magnetic surfaces as this may affect the device.

Name of Applicant: Please tick - Owner ( ) Agent ( ) Tenant ( )		
Name of Managing Agent: (if applicable)		
Tenant Details: (Full Name & Contact Number)		
Contact Number of Applicant:		
Lot/Unit/Apartment Number:		
Property Address:		
Number of Device/s Requested:		
Reason/s For Applying:		
If collecting from our office, please state approximate date:		
For Posting, please confirm postal address here:		
Name:	Signature:	Date:

### OFFICE USE ONLY

Registered Post Date		Work Order Sent (if required)	
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