



NSW SECURITY MASTER  
 LICENCE NO. 407 501 940  
 ABN: 75 084 745 111

**THE MONITORING CENTRE PTY LTD**  
 PO Box 508, Concord NSW 2137  
**Control Room:** 1300 656 133  
**P:** (02) 8765 1800  
**F:** (02) 8765 1700  
**E:** [info@monitoring.com.au](mailto:info@monitoring.com.au)  
**W:** [www.monitoring.com.au](http://www.monitoring.com.au)

## COMMISSIONING SHEET

ACCOUNT #	INSTALLATION CO	TECH NAME	DATE	BILLING CODE
			/ / 2007	

<b>Client name:</b>		
<b>Contact Name/s:</b>		
<b>Address:</b>		
<b>Nearest cross street:</b>		
<b>Suburb:</b>	<b>State:</b>	<b>Post code:</b>
<b>Premises phone 1:</b>	<b>Premises phone 2:</b>	
<b>Fax Number:</b>	<b>UBD Ref:</b>	
<b>Postal Address:</b>		

<b>COMMON PASSWORD:</b>
-------------------------

<b>CONTACTS (Minimum of 3 – If more Contacts, use page 2)</b>
---

<b>1. Full Name:</b>	<b>P/word:</b>	<b>Phone:</b>
<b>2. Full Name:</b>	<b>P/word:</b>	<b>Phone:</b>
<b>3. Full Name:</b>	<b>P/word:</b>	<b>Phone:</b>

<b>RESPONSE INSTRUCTIONS (Please tick ONE only)</b>		<b>Patrol Co:</b>
<input type="checkbox"/> Contacts to attend all alarms		<b>Phone No 1:</b>
<input type="checkbox"/> If no contacts available send patrol		<b>Phone No 2:</b>
<input type="checkbox"/> Patrol to attend all alarms (keys held)		<b>Keys Held - YES / NO ? :</b>
<input type="checkbox"/> Patrol to attend all alarms (no keys held)		
<input type="checkbox"/> Contacts & Patrol to all alarms		

<b>PANEL TYPE:</b>	<b>PANEL PHONE NO:</b>
<b>PANEL LOCATION:</b>	<b>PANEL TEST TIMES (weekly or daily):</b>
<b>POWER SUPPLY LOCATION:</b>	<b>KEYPAD LOCATION:</b>

**ZONE LIST (If more than 8 zones, use page 2)**

CHNL	ZONE	TYPE	DESCRIPTION

Supervised	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Pub. Hol.
<b>Opening</b>								
<b>Closing</b>								

Client's Name \_\_\_\_\_ Client's Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_



