|  |  |  |  |
| --- | --- | --- | --- |
| Building Name: |  | | |
| Building Address: |  | | |
| Suburb: |  | Town/City |  |

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

**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: |  | | |

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| --- |
| **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://afam.co.nz/data/uploads/files/conditions.pdf> |

|  |  |  |  |
| --- | --- | --- | --- |
| **Contract Term: (please select one)** | 0-12 months | 24 months | 36 months |

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**      **\_\_\_\_\_\_\_**