S M A R 1	Г МОNITORING Ph: 01 257 58	800 / EMAIL: CONTROL@SML.IE												
DATE OF INSTALLATIO	DN: DIGI N	0.: URN: URN:												
CLIENT TYPE: CC	OMMERCIAL RESIDENTIAL													
CLIENTS NAME:		LANDLINE NUMBER:												
CLIENTS ADDRESS:		EMAIL:												
		@												
	EIRCODE:													
Directions;														
PASSWORD:	Pass	word may be a single word or a combination of												
DURESS WORD: letters and numbers (characters are not accepted max 10 digits) KEYLLOL DEPLINEOPMATION: DEFACE COMPLETE IN OPDER OF CALL DEFENSE(Minimum 1 key holder)														
KEYHOLDER INFORMATION: PLEASE COMPLETE IN ORDER OF CALL PREFERENCE(Minimum 1 key holder) Key Holders should be able to attend alarm activations within 30 min														
	1ST KEYHOLDER	2ND KEYHOLDER												
NAME:		NAME:												
PHONE:		PHONE:												
MOBILE:														
EMAIL:														
@		@												
	3RD KEYHOLDER	4TH KEYHOLDER												
NAME:		NAME:												
PHONE:		PHONE:												
<u> </u>														
Auto Test Set up	Test Frequency Hrs													
	SPECIAL INS	TRUCTIONS:												
	tion please fill out page Two, otherwise ou													
	nt monitored, there is no need to fill out pag itoring please fill out page Three.	ge two												
If open/close signals are not monitored, there is no need to fill out page three														
OTHER:														

Please note unless otherwise advised Smart Monitoring will follow standard operating procedure.

Fire Alarm Monitoring

Premises name and address

Please note; In the event of a fire alarm activation The Fire Brigade will charge for attendance. This can be well in excess of €1,000 depending on how many units are dispatched. This charge is issued by the local council and is completely out of our control.

Once dispatched the Alarm receiving centre cannot cancel a Fire Brigade call out.

<u>Please return this completed form to us as soon as possible. Until we receive a correctly completed</u> form our standard procedure will be to call the fire brigade unless instructed not to do so as the time.

Please select only one of the following options

Option 1

Dispatch the fire brigade immediately, then contact a designated key holder.

Option 2

Call my designated key holders first before contacting the Fire Brigade. (Key holders will be responsible for deciding if they require the fire brigade and will be asked, please ensure they are aware of their responsibility in this regard) if we are unable to make contact or if the key holder is unwilling to make a decision the Fire Brigade will be dispatched (this is our default procedure)

Option 3

Call my designated key holders first before contacting the Fire Brigade.

Only dispatched the Fire Brigade if advised to, if no contact is made or if the contact is unwilling to make a decision the Fire Brigade will <u>NOT</u> be dispatched.

Option 4

Do not call the Fire Brigade Fire Brigade will not be offered or dispatched unless an overriding instruction is received from a contact

I/We hereby instruct Smart Monitoring to follow our/my indicated instruction above regarding the dispatch of the fire services to an alarm activation at the above premises.

I acknowledge and agree that Smart Monitoring are not liable for any call out charge whatsoever to our/my premises.

Furthermore I/we acknowledge that Smart Monitoring or any of their agents are not in any way liable for any costs associated with damage to the premises, adjoining premises, or any damage to life, loss of life or any cost what so ever regarding the dispatch or non-dispatch of the emergency services in the event of a fire alarm received by Smart Monitoring alarm receiving centre.

End User Name (BLOCK LETTERS)

Signature;

Date:

Open / Close Monitoring

Please note the time given should not be the trading hour (staff have to enter before opening to the public) but rather the earliest and latest time some one should be on site

(A)Earliest opening	MONDAY				י	TUESDAY				EDN	IESD	AY	٦	THURSDAY					FRIDAY					RD/	٩Y		SUI		BANK HOL.						
(B)Must be open by																																			
(C)Must be closed by	MONDAY			٦	TUESDAY			WEDNESDAY			٦	THURSDAY				FRIDAY				SATURDAY					SUNDAY				BANK HOL.						
		Τ																Τ	Τ			Τ				Γ	Τ	Τ	Т	Т	Τ				7
We wish to be contacted if																																			
Alarm is disarmed b	oefc	ore	tin	ne	Α							YE	S			N	0	C																	
Alarm is not disarmed	d by	tir	ne I	3								YE	S			N	0	Ľ																	
Alarm is not set by	tim	e (2									YE	S			N	0																		
SPECIAL INSTRUCTIONS: Regarding open/ close procedure																																			