

CLIENT BRIEF SHEET

** Note: If these services are arranged by your Body Corp or Property Manager, the service details may be changed by them at any stage, and any instructions provided by you may not be relevant. Check with your Body Corp or Property Manager for details.

Site Name: _____

Site Address: _____

<p>Type of service (please tick):</p> <p><input type="checkbox"/> PATROLS</p> <p><input type="checkbox"/> ALARM RESPONSES</p> <p><input type="checkbox"/> GUARD SERVICES: Please complete the following for Guard Services:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Shelter</td> <td style="width: 15%;">Yes/No</td> <td style="width: 15%;">Toilets</td> <td style="width: 15%;">Yes/No</td> </tr> <tr> <td>Power</td> <td>Yes/No</td> <td></td> <td></td> </tr> </table>	Shelter	Yes/No	Toilets	Yes/No	Power	Yes/No			<p><input type="checkbox"/> STAFF ESCORTS: Please write the time next the days that your require escorts</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>M</td><td>time</td><td>T</td><td>time</td><td>W</td><td>time</td><td>T</td><td>time</td><td>F</td><td>time</td><td>S</td><td>time</td><td>S</td><td>time</td> </tr> </table> <p><input type="checkbox"/> CASH BANKING: Please write the time next the days that your require a cash drop off or change pick up</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>M</td><td>time</td><td>T</td><td>time</td><td>W</td><td>time</td><td>T</td><td>time</td><td>F</td><td>time</td><td>S</td><td>time</td><td>S</td><td>time</td> </tr> </table> <p><input type="checkbox"/> OTHER (Please specify).....</p>	M	time	T	time	W	time	T	time	F	time	S	time	S	time	M	time	T	time	W	time	T	time	F	time	S	time	S	time
Shelter	Yes/No	Toilets	Yes/No																																		
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Electronic attendance verification button location: _____

Start Date: _____	Do we require keys? Yes / No	Do we require an alarm code? Yes / No
		Please write code here: _____

Do you give us permission to use you as a referee or list you as a customer in tenders, quotes, marketing material or on our website? Yes / No

If your alarm system (if installed) is monitored, who is the alarm monitoring company?

Company name: _____ Phone: _____

If you require glass repairs, do you give us permission to organise this for you? Yes / No

If 'Yes' do you have a preferred company? Yes / No Company name: _____ Phone: _____

(NOTE: If no preferred company is listed, NSR will arrange a local glazier. If you do not authorise a glazier and we are unable to contact you, the site may be left unsecured and vulnerable to further damage and theft)

SERVICE INSTRUCTIONS (include all relevant information, including whether EXT, IM or INT checks):

SPECIFIC NSR PROCEDURES (CHANGES TO THESE PROCEDURES MUST BE REQUESTED IN WRITING)

- If site is unsecure and CAN'T be secured, or for break-ins or serious damage, we will contact the nominated after-hours contact, complete a report and send it to you (preferably via email or fax)
- If site is unsecure and CAN be secured, or for minor graffiti and vandalism, we will NOT contact the nominated after-hours contact, but WILL complete a report and send it to you (preferably via email or fax)
- If we are unable to contact any after-hours contacts, we cannot remain onsite past our scheduled times unless previously authorised.
- Guards may conduct internal checks of unsecured sites to ascertain level of threat or incident
- We do not contact police unless an after-hours contact is in attendance (or en-route) due to police procedures

BY SIGNING THIS DOCUMENT, YOU AFFIRM THAT ALL INFORMATION IS CORRECT AND THAT ANY SPECIFIC SITE INSTRUCTIONS ARE NOTED

CLIENT NAME: _____	CLIENT POSITION: _____
CLIENT SIGNATURE: _____	DATE: _____
NSR REPRESENTATIVE NAME: _____	Customer Signup Form Page 2 of 3 - Client Brief Sheet