



**ADT FIRE MONITORING  
CUSTOMER UPDATE FORM**

**Note:** This information is essential for the correct response of the New Zealand Fire Service in the event of an emergency. Please complete these schedules correctly and return to ADT Fire Monitoring, PO Box 2439, Auckland 1015, OR Fax to 0800 238 113

**Schedule 1 – CUSTOMER / BILLING INFORMATION**

Customer Name:		
Street Number:	Street Name:	
Unit or Level:		
Suburb:		
Town/City:		
PO Box:		
Town/City:	Phone:	
Customer Contact:	First Name:	Last Name:
Contact Phone:		
Email Address:		

**Schedule 2 - BUILDING OWNER INFORMATION** (The person or entity who own the premises)

Name of Registered Owner:		
Street Number:	Street Name:	
Unit or Level:		
Suburb:		
Town/City:	Phone:	
PO Box:		
Town/City:		
Attention To:		
Email Address:		
Building Owner Contact Name:	First Name:	Last Name:
Building Owner Contact Phone Number:		

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



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**Schedule 3 – SITE DETAILS** NB: If more than one site, please photocopy and complete a set per site

Business Name:		
Building Name (if different):		
Street Number:	Street Name:	
Unit or Level:		
Suburb:		
Town/City:	Phone:	
Daytime Contact:	First Name:	Last Name:
Daytime Contact Phone:		

**Schedule 4 - CONTACTS** (persons to be contacted, in listed order, if access or information is required)

First Name:	
Last Name:	
Work Phone:	Times available:
Mobile Phone:	Times available:
Home Phone:	Times available:
Email:	
First Name:	
Last Name:	
Work Phone:	Times available:
Mobile Phone:	Times available:
Home Phone:	Times available:
Email:	
First Name:	
Last Name:	
Work Phone:	Times available:
Mobile Phone:	Times available:
Home Phone:	Times available:
Email:	