

# Full Residential Signup

## DERBYSHIRE SAFEGUARD

Peace of mind for you and your home



DERBYSHIRE SAFEGUARD

Residential

WHEN THE FORM IS COMPLETED PLEASE POST IT TO:

Derbyshire Constabulary HQ, Butterley Hall, Ripley, Derbyshire. DE5 3RS

Step 1

Step 2

Step 3

Step 4

Step 5

## 1. Principal Contact

Required Fields

Please enter your personal information

Title	<input type="text"/>		
First Name	<input type="text"/>	Last Name	<input type="text"/>
Email	<input type="text"/>	Telephone No.	<input type="text"/>
Password	<input type="text"/>	Mobile No.	<input type="text"/>
Minimum 8 characters or numbers			
Security Question	<input type="checkbox"/> Mothers Maiden Name	<input type="checkbox"/> First Pet's Name	<input type="checkbox"/> Favourite Drink
	<input type="checkbox"/> First or Last School Attended	<input type="checkbox"/> Favourite Colour	
Security Answer	Select one, answer below		
	<input type="text"/>		

## 2. Billing Address

Please enter your billing details

House Name / No.	<input type="text"/>		
Address Line 1	<input type="text"/>	Daytime	<input type="text"/>
Address Line 2	<input type="text"/>	Phone No.	<input type="text"/>
Town	<input type="text"/>	Mobile Number	<input type="text"/>
County	<input type="text"/>		
Postal Code	<input type="text"/>		

How Did You Hear About Us?

Select one

<input type="checkbox"/>	Derbyshire and Nottinghamshire Chamber of Commerce and Business Link		
<input type="checkbox"/>	Federation of Small Businesses	<input type="checkbox"/>	Business Crime Adviser
<input type="checkbox"/>	General Advert		
Other	<input type="text"/>		
Please Specify			



Derbyshire Constabulary

### 3. Your Premises

Address of the property to be registered

Required Fields 

Same as Billing Address?  Yes  No

House Name / No.  

Address Line 1  

Address Line 2  

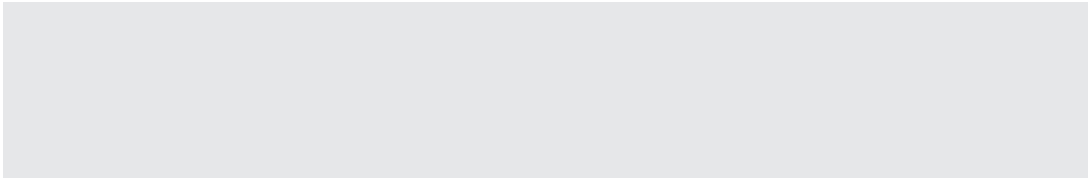
Town 

County  

Postcode  

Relevant Information

Describe any hazards or dangerous substances the emergency services may need to be made aware of.

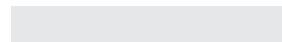


#### Existing Security

Security At Premises

Private Security Monitored Alarm

Reference Number



Other Alarm

Panic Alarm

Tick if applicable 

CCTV

Internal

External

Monitored

Recorded

Tick if applicable

## 4. Keyholder Details

Please fill out at minimum one keyholder

Required Fields 

Keyholders will always be contacted in numerical order with Keyholder 1 being called first

### Keyholder 1

Title

First Name

Last Name

Daytime

Phone No.

Evening

Phone No.

Mobile No.

Address Line 1

Address Line 2

Town

County

Postal Code

### Keyholder 2

Title

First Name

Last Name

Daytime

Phone No.

Evening

Phone No.

Mobile No.

Address Line 1

Address Line 2

Town

County

Postal Code

### Keyholder 3

Title

First Name

Last Name

Daytime

Phone No.

Evening

Phone No.

Mobile No.

Address Line 1

Address Line 2

Town

County

Postal Code

## 4b. Trades People

Please fill out the forms for Trades People

Required Fields ■

Should an incident occur at your registered premises and your nominated key holders be unavailable Derbyshire Police may use your trades people listed below to protect your premises should this be necessary. By listing trades people you currently have a working relationship with can save you considerably against costs incurred by specialist call out companies.

Your preferred trades people should be located so they are able to respond to an emergency at your premises within 30 minutes. Please note that listing your preferred Trades People does not guarantee that they will be deployed in all circumstances.

Service Type   
Trade Name

Daytime    
Phone No.  
24-hour No.

Service Type   
Trade Name

Daytime    
Phone No.  
24-hour No.

Service Type   
Trade Name

Daytime    
Phone No.  
24-hour No.

Service Type   
Trade Name

Daytime    
Phone No.  
24-hour No.

## 5. Payment Options

Please enter details as to how you will pay for the service

Mandatory

House Name / Address

Postcode

**Service Type**  Derbyshire Safeguard £25 (inc VAT)

**Voucher Code**

If applicable

I have enclosed a cheque made payable to Derbyshire Police Authority for the sum of £ \_\_\_\_

Tick if applicable

I will be paying by Credit / Debit Card the sum of £ \_\_\_\_

Tick if applicable

Please do not send cash payments

**Card Type**

Visa  Mastercard  Switch  Maestro  American Express

Tick if applicable

Card Details

Card Holder Details

Name on Card

First Name

Credit Card Number

Last Name

Security Code

House Number

The last three digits on the signature strip

Street

Expiry Date

Town or City

County

Post Code

Signature

Date

Day / Month / Year

Subscribe to Derbyshire Safeguard Community Alerts  Yes  No

Preferred means of contact

Text Message

Email

Phone Call

Tick if applicable

I agree to the Terms & Conditions

Signature

Date

Day / Month / Year