UNIT 5 SECURITY & INVESTIGATION (PTY) LTD

CLIENT SERVICE REQUEST & SITE ASSESSMENT FORM

For new security, tracking, electronic security and Fire & Safety enquiries

Client / Company Name: _____

Registration Number: _____

Contact Person: _____

Telephone: _____

Email: _____

Site Address: _____

Billing Address: _____

Preferred Assessment Date: _____

Services Required

☐ Guarding ☐ Armed Response ☐ Tracking ☐ Executive Protection ☐ CCTV / Electronic Security ☐ Investigations
☐ Fire & Safety ☐ Training ☐ Other

Site / Requirement Summary

_____
_____

_____
_____

_____
_____

Risk / Operational Information

Operating Hours: _____ Number of Access Points: _____ Approx. Staff / Visitors: _____

Known Incidents / Threats / Special Requirements:

_____
_____
_____
_____

Client Signature: _____ Date: _____
Unit 5 Representative: _____ Date: _____