
Address (optional)

Key holding agreement – alarm service

Reference no.	Place	Date	Time

Subscriber

Name	Subscriber number
Address	
Authorised representative (optional)	Relationship (e.g. daughter)

Keys

Type	Label / code on the key	Qty	Note

Possible entries: Type – Front door, Flat door, Letterbox, Side entrance, Other

☐ Keys tested in the lock

Storage

Kept at	Where exactly?
☐ Key store at the control centre	
☐ Branch / station ☐ Other	

Taken over by

Staff member (name)

Purpose and consent

The subscriber hands the keys listed above to the alarm service for safekeeping. The keys will be used solely to gain access to the home in an emergency after the alarm has been raised. Every use is documented.

When the contract ends or on request, the keys will be returned in full and the return confirmed in writing. If locks are changed, the subscriber will inform the alarm service so that the keys held stay up to date.

Subscriber or representative

Signature _____

Name _____

Place, date _____

For the alarm service

Signature _____

Name _____

Place, date _____

Return

Returned on _____	All keys returned ☐ Yes ☐ No	Missing keys _____
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Notes _____

For the alarm service

Signature _____

Name _____

Place, date _____

Subscriber or representative

Signature _____

Name _____

Place, date _____