

Amendment Form

Please complete clearly in BLACK LETTERS

You need only complete the boxes where details have changed

You should allow at least 2 working days from receipt of the form for amendments to be carried out

Details of Premises to be Amended

Name of Business (Essential)	Names of Premises (essential if different and as indicated on any external signage)
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Full Postal Address

House Name/Number	Street Name
Industrial Estate Name (if relevant)	
Town	County
Postcode (essential)	Tel () Fax ()

Contact Details

This is for account-related correspondence etc and not the main keyholder details

Name of main contact person at address	Contact address (essential if different from above)
Title (essential)	
Job Title	Town County
Tel ()	Postcode (essential)
Fax ()	
Email	

Additional Premises Information (optional)

Please state the presence of any hazardous substances or areas of vulnerability at the site. Include any security installations/guarding companies etc. Hazardous substances/conditions	Security at premises Please give details of security at premises
	Intruder alarm <input type="checkbox"/> Audible type (bells only) <input type="checkbox"/> Remote signalling (police calling) <input type="checkbox"/> Guard on site <input type="checkbox"/> Guarding company <input type="checkbox"/> Contact details
Tick as appropriate CCTV Location	Internal <input type="checkbox"/> Monitored <input type="checkbox"/>
	External <input type="checkbox"/> Recorded <input type="checkbox"/>

Preferred call out – (optional)

In the event of an incident Northamptonshire Police will contact your preferred call out service, if appropriate. In the event that this service cannot be contacted the Police will at their own discretion, contact whichever emergency or other service it considers necessary at the time. Any charges incurred will be paid by the customer.

Type of Service	Company Name	Daytime Tel No	Evening/24 hr No
Glazier			
Boarding Up			
Plumber			
General Repair			
Locksmith			
Other (please specify)			

If your premises has a remote signalling service (police calling) intruder alarm Unique Reference Number and/or the name of your alarm company

Name

Permanent Authorised Keyholders

It is essential that authorised Keyholders are contactable by telephone

Please list in order of call-out. Please specify the dates and/or times when the telephone numbers are applicable

Keyholder Name	Daytime Tel No (ie between 9am –5pm)	Evening Tel No (all other times)	Mobile Tel No
1			
2			
3			
4			
5			

Note: if the order of the call out varies please provide details on a separate sheet of paper

Authorised to amend registered details

Please amend the details contained on the KeyContact+ database

Password
(8 letters max)

New Password
(if required)

Signed _____

Name _____ Date _____

Your Keyholder Reference Number **K**

Return to:

Key Contact+, Northamptonshire Police, Wootton Hall, Northampton NN4 0JQ

For office use only: Data Protection Act applies. All information is treated and held in the strictest confidence.