Go Guard Pre-Setup Feature Scope Form

To be completed by the Sales Team for new client Go Guard subscriptions prior to handing off to the CX team for site provisioning and setup.

1. CLIENT & PROJECT DETAILS

Sales Rep Name		**Date of Submission**	
Site Name		**Customer Type**	☐ New ☐ Existing ☐ Return
Database name / Project Code			
MO Name & Email			

⚠ **IMPORTANT NOTICE FOR SALES REPRESENTATIVES:**
Please inform the client that guard accounts are **not** automatically created via this form. Once this setup form is submitted, the client must send an official request email to **CSS** help@cssdecisions.com for guard account creation.

Subscription Model	☐ Standard Subscription	☐ 24-Month Lease-to-Own Programme
	☐ 60-Day Experience	☐ Existing Subscriber Adoptione

2. VMS & VISITOR FEATURE SCOPE CONFIGURATION CHECKLIST

Section A: General Visitor Settings

1.	**Visitor Parking Lot List**	Do you have designated parking lots for visitors? ☐ YES ☐ NO *If YES, list designated lot numbers:* [_____]
2.	**Visitor Pass List (Walk-in Pass)**	Do you need Visitor Pass service? ☐ YES ☐ NO *If YES, specify categories:* [_____] *Quantity required for each category:* [_____]

Section B: Visitor Types & Feature Access Setup

	Visitor Type	Activate Type	Capture IC	Additional Configurations
1.	**Standard Visitor (Pre-Reg)**	☐ YES ☐ NO	☐ YES ☐ NO	Multi-Entry & Multi-Day: ☐ YES ☐ NO
2.	**Walk-In Visitor**	☐ YES ☐ NO	☐ YES ☐ NO	—
3.	**Walk-In Service / Maid**	☐ YES ☐ NO	☐ YES ☐ NO	—
4.	**Regular Visitors**	☐ YES ☐ NO	☐ YES ☐ NO	Multi-Entry & Multi-Day: ☐ YES ☐ NO
5.	**Contractor**	☐ YES ☐ NO	☐ YES ☐ NO	MO Approval Required: ☐ YES ☐ NO Payment Required: ☐ YES ☐ NO
6.	**Pick-Up / Drop-Off**	☐ YES ☐ NO	☐ YES ☐ NO	—
7.	**Events**	☐ YES ☐ NO	☐ YES ☐ NO	Limit Control By: ☐ Resident ☐ MO
8.	**Technician**	☐ YES ☐ NO	☐ YES ☐ NO	MO Approval Required: ☐ YES ☐ NO Payment Required: ☐ YES ☐ NO

9. Regular Transport	☐ YES ☐ NO	☐ YES ☐ NO	Multi-Entry & Multi-Day: ☐ YES ☐ NO
10. Bulk Delivery	☐ YES ☐ NO	☐ YES ☐ NO	MO Approval Required: ☐ YES ☐ NO Payment Required: ☐ YES ☐ NO
11. Services	☐ YES ☐ NO	☐ YES ☐ NO	MO Approval Required: ☐ YES ☐ NO Payment Required: ☐ YES ☐ NO
12. Overnight Parking	☐ YES ☐ NO	☐ YES ☐ NO	MO Approval Required: ☐ YES ☐ NO Payment Required: ☐ YES ☐ NO Limit Control Day: _____

3. SIGN-OFF & HANDOVER DETAILS

Responsibility	Name	Signature	Date / Time
Form Filled By (Sales)			
Received & Verified By (CX)			