

SOUTH AUSTRALIAN COUNTRY FIRE SERVICE



APPLICATION TO WAIVE CFS CHARGE

FC01

Customer Details:			
Company Name:			
Contact:			
Address:			
Telephone:		Facsimile:	
Email:			
CFS Invoice Details:			
Customer No:		Invoice No:	
Incident (Reference) No:		Invoice Date:	
Incident Date:		Alarm No:	
sheets if required):			
		Signature:	
CFS to complete this	section:		
Date Received:			
CFS Comments:	1	_	
APPROVED / DECLIN	ED (strike out where applicab	- Ne)	
	(eame out innere approac	Signature of Authorised Delegate:	
Assessed:	Business Officer	Signature of Authorised Delegate.	
			/2017
Certified Correct:	Fire Alarms Officer	Signature of Authorised Delegate:	
			/2017
Approved:	Business Manager	Signature of Authorised Delegate:	
			/2017
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Database Updat	iea 🗀 Custome	er Notified	ı 📙

This application must be read in conjunction with the SA Country Fire Service policy on false activation charges.

Completed form and supporting documentation must be lodged within 30 days of the invoice date and forwarded to:
Business Officer – Fees & Charges
Prevention Services
SA Country Fire Service
GPO Box 2468
ADELAIDE SA 5001

For any enquiries regarding this application please contact the Business Officer – Fees & Charges on 08 8463 4495 or alternatively email: charges@cfs.sa.gov.au