

SOUTH AUSTRALIAN COUNTRY FIRE SERVICE



APPLICATION FOR ALARM DISCONNECTION

FC10

Premise Details:								
Name:								
Street Address:								
Suburb:				Postcode:				
CFS Fire Alarm Number:				1				
Owner's Details:								
ACN or ABN:								
Name:								
Registered Address:								
Suburb:				Postcode:				
Postal Address:								
Suburb				Postcode:				
Contact Name:								
Contact Telephone:				Contact Fax:				
Contact Email:								
Disconnection from CFS fire al	arm monito	ring is requ	ested for	the following	reason	:		
Please tick as applicable:								
Disconnection – Pending imi	minent demo	olition of pre	mises; or					
Disconnection - Fire alarm m from monitoring is to accomp	•	•	by Counci	il. Letter from	Council	authorisin	g disco	nnection
Other								
I hereby apply for the disconnection	on to take ef	fect on the		day of			, 20_	
Please note that Council have judgments fire alarm system may	affect the c	ontinued o	ccupancy	of the premis	es.		connec	
Signature	9	Signatory F	ull Name (please print)			Date	
By signing this form the sign	atory confirm	s that they are	e authorised	to sign this doc	ument on	behalf of t	ne Owne	r.
Fire Alarms Officer	•	ed form mu			ADEI AI	IDE SA 50	100	

Fire Alarms Officer, SA Country Fire Service, L7 60 Waymouth St, ADELAIDE SA 5000 Facsimile: (08) 8115 3353 or Email: alarms@sa.gov.au

For any enquiries regarding this application, please contact the SA Country Fire Service on (08) 8115 3300.

OFFICE USE ONLY				
Application No:	Date:			
CFS FAO sign:	CFS DAS sign:			