

SOUTH AUSTRALIAN COUNTRY FIRE SERVICE



APPLICATION TO REVIEW CFS FIRE ALARM CHARGES

			FC01
Customer Details			
Company Name:			
Contact:			
Address:			
Telephone:		Mobile No:	
Email:			
CFS Invoice Details			
Customer No:		Invoice No:	
Incident (Reference) No:		Invoice Date:	
Incident Date:		Alarm No:	
Reasons to waive CFS (Please include actions taken to	o rectify the cause and attach additio	nal sheets or evidence a	as required)
Documentation Attached (tick)			
Signature:			Date:

Completed form and supporting documentation must be lodged within 30 days of the invoice date and forwarded to:

cfs.charges@eso.sa.gov.au

or

Corporate and Business Services SA Country Fire Service GPO Box 2468 ADELAIDE SA 5001

For any enquiries regarding this application please contact the Business Services Officer – Fees & Charges on 08 8115 3300 or email: cfs.charges@eso.sa.gov.au