



APPLICATION FOR FIRE ALARM CONNECTION/ALTERATION

FC09

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|---|--|-----------|--|
| Fire Alarm Contractor Details: | | | |
| Name: | | | |
| Premise Details: | | | |
| Name: | | | |
| Street Address: | | | |
| Suburb: | | Postcode: | |
| Owner's Details (Fire Alarm Premises Owner): | | | |
| Name: | | | |
| Street Address: | | | |
| Suburb: | | Postcode: | |

Please tick the appropriate box:

- Sprinkler System
- Smoke/Thermal System
- Alteration Only
- New Fire Alarm
- ASE Changeover Only
- _____ Alarm Number

We hereby make application for approval of the proposed Connection for the above fire alarm system.

Alarm Contractor's Signature

Signatory Full Name (please print)

Position of Signatory

Date

IMPORTANT

1. This application MUST be accompanied by an A4 size site plan depicting the location of indicator panels and control valves.
2. For new systems an "Agreement to Connect" form, signed by the owner, must be forwarded.

Completed form must be forwarded to: 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.

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|------------------------|-------|
| OFFICE USE ONLY | |
| Application No: | Date: |