



NOTIFICATION OF ALARM TRANSFER

FC11

On behalf of the Incoming Customer, I request the South Australian Country Fire Service (SACFS) transfer the legal responsibility of monitoring the fire alarm detection and/or suppression system at the below premises to the Transferee.

Note: All Notification of Alarm Transfer forms must be accompanied by a completed *SACFS Agreement to Connect* form (accessible at www.cfs.sa.gov.au).

Premise Details:							
Name:							
Street Address:							
Suburb:				Postcode:			
CFS Fire Alarm Number:				/			
Outgoing Customer - Transferor:							
Name:							
Registered Address:							
Suburb:				Postcode:			
Incoming Customer – Transferee:							
ACN or ABN:							
Name:							
Registered Address:							
Suburb:				Postcode:			
Postal Address:							
Suburb				Postcode:			
Contact Name:							
Contact Telephone:				Contact Fax:			
Contact Email:							

I hereby apply for the transfer to take effect on the day of, 20__.

A completed **SACFS Agreement to Connect** form (accessible at www.cfs.sa.gov.au) accompanies this notification.

.....
Signature

.....
Signatory Full Name (please print)

Date/...../.....

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.

OFFICE USE ONLY	
Application No:	Date: