



South Australian Metropolitan Fire Service
 Community Safety Department
 GPO Box 98, Adelaide 5001
 Telephone 08 8204 3611
 Facsimile 08 8204 3781



APPLICATION FOR MFS MONITORED FIRE ALARM CONNECTION / ALTERATION

Fire Alarm Contractor: _____

ABN: _____
(Name and ABN of Fire Alarm Contractor performing work)

Premises Name: _____
(Fire Alarm Premises Name)

Premises Address: _____
(Fire Alarm Premises Address)

 _____ P/Code

Owner's Name: _____
(Fire Alarm Premise Owner)

Address: _____
(Fire Alarm Premise Owners Address)

 _____ P/Code

(Please tick the appropriate box)

- | | |
|---|--|
| <input type="checkbox"/> Sprinkler System
<input type="checkbox"/> Alteration Only
<input type="checkbox"/> ASE Changeover Only | <input type="checkbox"/> Smoke Thermal System
<input type="checkbox"/> New Fire Alarm
_____ Alarm Number |
|---|--|

We hereby make application for approval of the proposed Alteration / 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 a Fire Alarm", signed by the owner, must be forwarded (in duplicate).

<i>Office Use only</i>			
Application No.		Date	/ /