|  |  |
| --- | --- |
| tfs logo_no text | **TASMANIA FIRE SERVICE – FORM 6.3**  **System Connection Application** |

Alarm Number:

Name of Client:

Name of Premises:

Address of Premises:

Installing Company:

Installer’s Name:

Installer’s Phone:

Type of System:

**Sprinkler** - Choose an item. **Detection** - Choose an item.

**Occupant Warning** - Choose an item.

**Other**

**Building after hours emergency contacts** (a minimum of 2 A/H contacts where possible)**:**

Name A/H contact no.

Name A/H contact no.

Day contact no ……………………………………...…………...

Note: The above named persons may be contacted for after hour alarm activation or until keys have been registered with the TFS.

**Billing details:**

Name/Company

Mailing address

Email Phone no

Note: Billing details are required for accounting purposes and for false alarm or fault notification.

Installers signature: Date: Click here to enter a date.

**Once completed, email to** [**tfs@fire.tas.gov.au**](mailto:tfs@fire.tas.gov.au)