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| tfs logo_no text | **TASMANIA FIRE SERVICE – FORM 6.5****Transfer of Ownership of a Fire Protection System Notification** |

**AUTHORISATION**

Current Owner:

Address of Monitored Building:

Alarm Number:

Date of Transfer of Ownership: Click here to enter a date.

1. Previous Owner/Representative of Premises:

 Name:

 Signature:

 Title:

2. New Owner/Representative of Premises:

 Name:

 Signature:

 Title:

**Building After Hours Emergency Contacts:** (a minimum of 2 After Hour (A/H) contacts where possible)**:**

Name: A/H Contact No:

Name: A/H Contact No:

Day Contact No: Fax 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: Fax No:

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

**Note: Once completed return to** **fire@fire.tas.gov.au** **or Tasmania Fire Service, GPO Box 308, Hobart 7001**