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| --- | --- |
| tfs logo_no text | **TASMANIA FIRE SERVICE – FORM 6.6****Disconnection of Monitored Fire Protection System** |

**AUTHORISATION**

Name and Address:

Alarm Number: Building Safety File Number:

1. Current Owner/Representative of Premises:

 Name:

 Signature:

 Title:

 Date: Click here to enter a date.

2. Building Surveyor Approval Attached: Yes [ ]  No [ ]

**Note: Approval cannot be granted unless a Building Surveyor has approved the disconnection.**

**TFS to complete the following:**

|  |
| --- |
| 3. Building Safety Consultant:  Name:  Signature:  Date: 4. Alarm Off-lined by FireComm Operator: Name:  Signature:  Date: Comments:    |

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