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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**](mailto:fire@fire.tas.gov.au) **or Tasmania Fire Service, GPO Box 308, Hobart 7001**