|  |  |
| --- | --- |
| tfs logo_no text | **TASMANIA FIRE SERVICE – FORM 6.7**  **Advice from Service Provider** |

Site Name:

Site Address

Type of system: Sprinkler  Detection  Other

TFS Alarm Number:

Type of advice: Termination of contract  Acquisition of contract

Comments: (e.g. Termination of 12 Month Installation Contract)

Date of Termination/Acquisition of Contract: Click here to enter a date.

Service Provider:

Permit Number:

Name:

Company:

Address:

Phone: Fax No:

Email:

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