THIS FORM HEREBY ADVISES DFES THAT A FIRE DETECTION/SUPPRESSION SYSTEM IS BEING INSTALLED IN THE PREMISES LISTED BELOW AND REQUESTS APPLICATION FOR CONNECTION TO DFES AS A DIRECT BRIGADE ALARM (DBA). ALL FIELDS ON THIS FORM ARE COMPULSORY. OMISSIONS WILL RESULT IN PROCESSING DELAYS.

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| **1. DETAILS OF PREMISES** |
| NAME OF BUILDING: |       |
| STREET/LOT NUMBER: |       |
| STREET NAME: |       |
| SUBURB: |       | POST CODE: |      |
| NEAREST CROSS STREET: |       | LOCAL COUNCIL: |  |
| BUILDING CLASSIFICATION:*(AS PER BUILDING LICENSE)* |  |
| BUILDING USAGE: |  |
| NUMBER OF FLOORS:(INC. GROUND FLOOR/ EXCL. BASEMENT) |  |
| **2. APPLICANT/BLDG OWNER DETAILS** (company name will be used as named entity in end user agreement contract & for all future billing) |
| COMPANY/BUSINESS NAME: |       |
| CONTACT’S NAME: |       | PHONE: |       |
| CONTACT’S EMAIL: |       |
| ABN: (MUST MATCH COMPANY NAME LISTED) |       | ACN (IF APPLICABLE): |  |
| MAILING/BILLING ADDRESS: |       |
| SUBURB: |       | POST CODE: |      |
| BILLING CONTACT NAME: |       | PHONE: |       |
| **3. CONNECTION PAYMENT ARRANGEMENT/ DETAILS**  |
| INITIAL CONNECTION FEE: | 🞎 CLIENT | 🞎 AGENT |
| PRO RATA MONITORING:  | 🞎 CLIENT  | 🞎 AGENT |

***NOTE 1: WHERE THE CLIENT IS RESPONSIBLE FOR CONNECTION FEES – PREPAYMENT WILL BE REQUIRED BEFORE DBA CONNECTION***

***NOTE 2: THE BELOW SIGNATORY ACCEPTS ALL COSTS ASSOCIATED WITH THE CANCELLATION OF THIS DBA APPLICATION IF***

 ***CANCELLED PRIOR TO COMPLETION***

***NOTE 3: MONITORING FEE ISCHARGED PRO RATA FROM CONNECTION DATE TILL THE END OF THE CURRENT FINANCIAL YEAR***

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| **4. FIRE ALARM AGENT DETAILS** |
| COMPANY/BUSINESS NAME: |       |
| MAILING ADDRESS: |       |
| SUBURB: |       | POST CODE: |      |
| COMPANY PHONE: |       | FAX: |       |
| FIRE AGENT CONTACT NAME: |       | AGENT’S REF: |  |
| COMPANY CONTACT EMAIL: |       |
| **5. APPLICANT’S DECLARATION** (PLEASE PRINT CLEARLY AND USE BLOCK LETTERS)*this section to be signed by a representative from each party nominated in section 3 – connection payment arrangement/ details* |
| SIGNATURE OF AUTHORISED APPLICANT: |  |
| NAME OF AUTHORISED APPLICANT: |       |
| TITLE OF AUTHORISED APPLICANT: |       |
| COMPANY OF AUTHORISED APPLICANT: |  |
| DATE: |       |