



APPLICATION TO WAIVE A FALSE FIRE ALARM FEE

Section 36ZL(1)(d)(i) Fire and Emergency Services Act 1998

If you believe you have been incorrectly charged a fee for an attendance to a false fire alarm, please complete the below application and submit along with any supporting documentation to the Department of Fire and Emergency Services (DFES) within 21 days from the date that appears on the false fire alarm fee invoice (*see conditions below*).

To allow DFES to consider the application, you should include information such as:

- Why the fee should be waived?
- What action has been taken to reduce the likelihood of further false fire alarms occurring? *Attach additional pages if required.*
- Provide evidence and a description of work carried out (or work in the process of being carried out) to rectify the issues causing the false fire alarm activations i.e. attach copies of Invoices and Receipts
- Attach a copy of the DFES False Fire Alarm invoice

Conditions of the application:

- **MUST** be lodged and received by DFES within 21 days from the date of the invoice,
- A separate application **MUST** be completed for each individual invoice you wish to be considered,
- Applicants **MUST** be the owner, the occupant or the person responsible for maintaining the DBA Premises in accordance with the Client End User Agreement.

To submit your application:

Address to: False Fire Alarm Administrator
Department of Fire and Emergency Services
GPO Box P1174
PERTH WA 6844

Email to: falsefirealarms@dfes.wa.gov.au

To follow up your application:

Phone: False Fire Alarm Administrator on: (08) 9395 9823 or **Email:** falsefirealarms@dfes.wa.gov.au

Your application will be assessed and you will be informed in writing of the outcome via the email address or mailing address provided on the application.

If you require assistance in implementing strategies to minimise false fire alarm activations, further information is available on the DFES website at www.dfes.wa.gov.au or speak to a registered and certified alarm installer.

Section 1. APPLICANT DETAILS						
Applicant Name						
Applicant Address						
Address Line 2						
You Are the <small>(Please tick)</small>	Owner		Occupant		Maintenance Coordinator	
Email Address					Contact Phone	

