



# 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 with 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.

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

- Why you believe the fee should be waived?
- Details of action taken to reduce the likelihood of subsequent false fire alarms occurring. *Attach additional pages if required.*
- Evidence to support the application such as a description of any work carried out to rectify the issues causing the false fire alarm activations e.g. copies of invoices, work orders or receipts.
- Incident Reports, CCTV, photographs and police reports.
- Advice from your fire alarm contractor.
- Attach a copy of the DFES False Fire Alarm Invoice or DFES Letter of Attendance.

Please note - you may be contacted and additional information requested during the application process.

#### **CONDITIONS OF THE APPLICATION:**

- **MUST** be lodged and received by DFES within 21 days from the date of the invoice, if an application is received after 21 days it **WILL NOT** be accepted.
- Applicants MUST be the owner/manager of the Direct Brigade Alarm (DBA) Premises or the person responsible for maintaining and managing the buildings DBA fire alarm system in accordance with the DFES End User Agreement (EUA).
- If you have been on-billed a false fire alarm fee by the DBA Premises Owner/Manager and wish to dispute the fee, the DBA Owner/Manager must submit the application on your behalf. **DFES cannot accept waiver applications from a third party.**
- If you do not meet the above conditions we will be unable to accept your application.

#### **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 <a href="https://www.dfes.wa.gov.au">www.dfes.wa.gov.au</a> or speak to a registered and certified alarm installer.





SECTION 1. APPLICANT DETAILS				
Premises Name				
Name and Title of person submitting application				
Fire alarm ID / DBA Number				
Premises Address				
Postal Address				
Email Address				
Contact Number(s)				
SECTION 2. OTHER APPLICANT DETAILS (If application is being submitted on behalf of a third party e.g. retail tenant, individual apartment owner, contractor).				
Name				·
Business Name (if applicable)				
Postal Address				
Contact Number(s)				
Email Address				
SECTION 3. INCIDENT DETAILS				
DFES Invoice or Reference Number			Invoice Date or Date of	
(as per invoice or attendance letter Letter of Attendance  Explanation to support your request to waive the false fire alarm fee:				
Applicant Signature				
Applicant Name (Print)				
**Applications may take up to 6 weeks to process				
DFES PROCESSING ONLY				
Date Application Received			CM Ref #	
DEES Receiving Officer's Name	6		Application Number	