

TOOL 8: APPLICATION FOR CHANGE IN THE BOUNDARIES OF AN FPA [FORM 3]

**DEPARTMENT OF AGRICULTURE, FORESTRY AND FISHERIES
FORM 3: NOTIFICATION OF A CHANGE IN THE BOUNDARIES OF A
FIRE PROTECTION ASSOCIATION**

May 2004 version

1. Name and registration number of the Fire Protection Association

1.1. Name:

1.2. District or Metropole:

1.2.1. Subdivision (local council) within which the FPA is located:

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1.3. Registration number:

2. Address of the office of the Fire Protection Association

2.1. Physical address:

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2.2. Postal address:

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..... Postal code:

2.3. Telephone number during office hours

2.3.1. Area code: 2.3.2. Number:

2.4. E-mail address:

3. Particulars of the proposed change in the area of jurisdiction of the fire protection association

3.1. Please attach a 1:250 000 topo-cadastral map or a map issued to you by the Department showing (a) the original boundaries of your Fire Protection Association (b) the new boundaries of your Fire Protection Association. Indicate wherever there is a common boundary with a neighbouring Fire Protection Association and write the name of that Association on the map.

4. Declaration that no other Fire Protection Association is intended or exists within the proposed new area of the candidate Fire Protection Association

I hereby declare that to the best of my knowledge no other Fire Protection Association exists or is planned within all or any part of the new area proposed for this Fire Protection Association.

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Name:

.....
Signature:

.....
Capacity:

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Date:

5. Declaration by representative of the Fire Protection Association

5.1. Surname:

5.2. Initials: 5.3. Title:

5.4. I declare that the information given in this form is true and correct.

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Name: Signature:

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Capacity: Date:

6. Recommendation by the regional representative of the Department of Agriculture, Forestry and Fisheries

6.1. Surname:

6.2. Initials: 6.3. Title:

6.4. Position:

I recommend that boundaries of the Fire Protection Association should be amended as indicated, with the following conditions attached (if any):

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Signature: Date: