



# NTFAST Disconnection Form

Name of Premises: \_\_\_\_\_ NTFAST ID: \_\_\_\_\_

Address of Premises: \_\_\_\_\_

Owner of Premises: \_\_\_\_\_ Phone No: \_\_\_\_\_

Owners Postal Address: \_\_\_\_\_

Insurance Company for Building: \_\_\_\_\_

Subscriber (Biller) Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Subscriber (Biller) Postal Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ ABN: \_\_\_\_\_

Tenant or Agent: \_\_\_\_\_ Phone No: \_\_\_\_\_

I acknowledge that the Subscriber as named here, remains responsible for the payment of any invoices for unwanted alarm activations which may have occurred prior the date of disconnection.

Subscriber Name: \_\_\_\_\_ Position: \_\_\_\_\_

Company Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone: 08 8995 5400

Email: [fire.safety@nt.gov.au](mailto:fire.safety@nt.gov.au)

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## NTFRS Use Only

Keys Returned

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_