* **The MFS will only issue a single invoice for the provision of a service by the MFS in accordance with *Schedule 17 – Fees - SAMFS* of the *Fire and Emergency Services Regulations 2005*. Separate invoices will be issued for separate services (e.g. Regulation 45 Relevant Fire Authority Report (appraisal), Regulation 103 Hydrant System Functionality Testing). The invoice will be issued to the ‘Nominated Entity’ below.**
* To be completed and submitted to the MFS Community Safety and Resilience Department as part of a PDI (General) Regulation 45 Fire Authority Referral submission, along with BE002 and BE003 forms via the Regulation 45 Application for Fire Authority Report submission page.
* Please ensure the latest version of the form is downloaded from the MFS website.

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| --- | --- | --- | --- |
| **OFFICE USE ONLY** | **Date received:** Date | | **File No.:** File number |
| **Submitted by:** | **Name:** Click or tap here to enter text. | | **Company:** Click or tap here to enter text. |
| **Development Application number:** | Click or tap here to enter text. | | |
| **Premises Name & Address:** | Premises Name  Street Address  Suburb SA Postcode | | |
| **Approving Authority:** | (Organisation & address)  Company  Street Address  Suburb SA Postcode | **Contact:** Name  **Phone:** Phone number  **Email:** Email address | |
| **Fire / Building Services Consultant:** | (Organisation & address)  Company  Street Address  Suburb SA Postcode | **Contact:** Name  **Phone:** Phone number  **Email:** Email address | |
| **Nominated Entity:**  (party responsible for payment) | (Organisation & address)  Company  Street Address  Suburb SA Postcode | **Signatory:** Name  **Phone:** Phone number  **Email:** Email address | |
| **Service Required** | Choose an item. | | |

I hereby undertake to pay for the services and/or materials provided by the MFS in accordance with *Schedule 17 – Fees - SAMFS* of the *Fire and Emergency Services Regulations 2005*, within 30 days of the date of invoice.

|  |  |  |
| --- | --- | --- |
|  |  | Date signed |
| (Signature, Nominated Entity’s representative)  (insert electronic signature in a picture file format) |  | (Date) |