Annex 1

MAURITIUS FIRE AND RESCUE SERVICE

57, Labourdonais Street,
Port Louis

Tel: 212-0214/15

Fax: 208-3875

E-mail: mfrs_headoffice@govmu.org

Second Schedule
Regulation 3

APPLICATION FORM FOR SPECIAL ASSISTANCE

Office Use:

Date Received: …….

Application No.: ……

Processed by: ……

Receipt No.: ……

I, the undersigned hereby apply for Special Assistance to be effected in respect of the premised of which details are given below.

Name of applicant (Mr. / Mrs. / Miss): ……

Company/ organization: ……..

Address: ……

Telephone Number: …… Mobile Number: ……Fax…….

National Identity Card Number: …… E-mail address: ……..

Category of Special Assistance: ……

Date of event: ……... Time of event: ……... Duration: ……..

Name and address of contact person on site: ……

……...

Telephone Number: …… Mobile Number: …….

Name and address where Special Assistance to be effected: ……

……...

Number of occupants: ……..

Has the premises been issued with a Fire Certificate/ Fire Clearance? Yes ☐ No ☐ If yes, copy is to be attached. N/A ☐

Special hazards present: ……...

Quantity of water requested: ……

I undertake to pay all charges for the Special Assistance and comply with the conditions imposed by the Chief Fire Officer.

Date: …… Signature: ……

Status: …….

Approved ☐ **Not Approved** ☐

Officer: …….

Rank: ……

Date: ……. Signature: …….