

REQUEST FORMLIFE SAVING SERVICE (FOR EVENT, ETC)

Life Saving Support Services In

ABN 34 100 281 336 PO Box 1648, Caloundra Qld 4551

ABN: Organisation Type: Ochob Community Organisation School Commercial Business Coroured Government Name of Contact Person: Fmail Address: Telephone Business Hours After Hours Mobile Type of Service Requested Please indicate the type of service: Optories Saver / Life Saving Service Optories Add Officer Other No expected to attend: Private Swimming Pool Public Beach / Water Way Other Date: Hours (from / to): Instructions Please detail in full all activities that are intended to occur. Instructions Please of appointment and (if applicable) payment alternatives, which include: a) No payment (Volunteen). b) Commercial Payment (fee for service). or e) Re-reinbusement of Costs (Volunteen). c) Re-reinbusement of Costs (Volunteen) Any other matters relevant to the request Please send this form to our Operation Support Manager in your region (the contact details are available on our website) or by email to: Operations@lifesavingsupport.com.au	Group Details		
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