



TASDEAF

HEARING LINK
TASMANIA 
screening • assessment • prevention



FACSIMILE TRANSMITTAL SHEET

TO:

YOUR NAME:

Tasdeaf

FAX NUMBER:

DATE:

6234 7049

RE:

Visual Smoke Alarm

NOTES/COMMENTS:

Contact Details

Name _____

Phone _____ Mobile _____

Home address _____

Postcode _____

Email _____@_____

How many people living in the house hold? _____

How many are Deaf/Hard of hearing? _____

334 Elizabeth Street
North Hobart TAS 7001
Ph/TTY: 6231 6501
Fax: 6234 7049

ABN: 44 685 979 486

Shop 2, Quadrant Plaza
Launceston TAS 7250
Ph/TTY: 6331 9766
Fax: 6333 0985