Form 76

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | FORTIFICATION REMOVAL ORDER  **Magistrates Court of South Australia**  [www.courts.sa.gov.au](http://www.courts.sa.gov.au)  *Summary Offences Act 1953*  Section 74BE | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | |
| Registry |  | | | | | | | | | File No | |  | | | |
| Address |  | | | | | | |  | | | | |  | | |
|  | *Street* | | | | | | | *Telephone* | | | | | *Facsimile* | | |
|  |  | | |  | |  | | | |  | | | | | |
|  | *City/Town/Suburb* | | | *State* | | *Postcode* | | | | *Email Address* | | | | | |
| **Applicant** | Commissioner of Police Adelaide | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | |  |
| *Contact person* | | | | | *Email Address* | | | | | | | | | | *Telephone* |
| **Objector** | | | | | | | | | | | | | | | |
| Name |  | | | |  | | | | | | | | DOB | | |
|  | *Surname* | | | | *Given name/s* | | | | | | | | *dd/mm/yyyy* | | |
| Address |  | | | | | |  | | | | | |  | | |
|  | *Street* | | | | | | *Telephone* | | | | | | *Licence Number* | | |
|  |  | | |  | |  | | | |  | | | | | |
|  | *City/Town/Suburb* | | | *State* | | *Postcode* | | | | *Email Address* | | | | | |
| **Premises to which Order relates** | | | | | | | | | | | | | | | |
| Address |  | | | | | | | | | CT ref # | | |  | | |
|  | *Street* | | | | | | | | |  | | |  | | |
|  |  | | |  | |  | | | |  | | | | | |
|  | *City/Town/Suburb* | | | *State* | | *Postcode* | | | |  | | | | | |
| **Grounds of Objection** (Grounds must be stated fully and in detail. If insufficient space please attach.) | | | | | | | | | | | | | | | |
| **Hearing details** | | Registry | | | | | | | | | Date | | | | |
|  | | Address | | | | | | | | | Time       am/pm | | | | |
|  | | Telephone | Facsimile | | | | | | Email Address | | | | | | |
| Date MAGISTRATES COURT | | | | | | | | | | | | | | | |

|  |
| --- |
| **Proof of Service** |
| Name of person serving: |
| Address of person serving: |
| Name of person served: |
| Address at which service effected: |
| Date service effected: |
| Time of day: Between       am/pm and       am/pm  Method of service (tick box)  personally on the Commissioner; or  registered post to the Commissioner. |
| I certify that I served the attached document in the manner described. |
| Certified this       day of       20 |