



SOUTH AUSTRALIA POLICE
SAFER COMMUNITIES



PARTY SAFE NOTIFICATION FORM

Please complete the Party Safe Notification Form and return it to the police station nearest to where the party is being held ONE week prior to the party

Type of party
(engagement, 16th, 18th, 21st): _____

Address of the party: _____

Type of premises
(House, Unit, Hall etc) _____

Date of the party: ____ / ____ / ____ Start : ____ am/pm Finish : ____ am/pm

How many guests will be attending?: _____

Party host name: Name: _____ DOB: _____

Host phone number: Ph: _____ Mobile: _____

Will there be parental supervision?: Yes / No

Will there be adult supervision?: Yes / No

Will security be at the party?: Yes / No Company name: _____

Will alcohol be sold at the party?: Yes / No

Will the party be licensed?: Yes / No Name of the licence holder: _____

Have you notified neighbours
of the party?: Yes / No

PLEASE NOTE

South Australia Police will not accept any responsibility for injury or loss caused at any party.

Police Use Only

Member receiving: _____ Rank: _____ I/D: _____

Police Station: _____ Date received: ____ / ____ / ____



**Government
of South Australia**