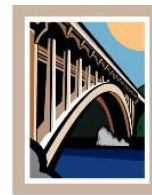




FOLSOM FIRE DEPARTMENT

535 Glenn Drive Folsom, CA 95630
Office (916) 461-6300 Fax (916) 984-7081
www.folsom.ca.us



CITY OF
FOLSOM
DISTINCTIVE BY NATURE

PRELICENSE INSPECTION REQUEST

APPLICANT NAME: _____ DATE: _____

ADDRESS: _____

PHONE: _____

FACILITY NAME: _____

ADDRESS: _____

PHONE: _____

Make check payable to FOLSOM FIRE DEPARTMENT

CHECK# _____

25 or less occupants/\$52
26 or more occupants/\$104

PROGRAM (Circle One):

F.D.C. C.C.C. A.D.C. F.F.H. S.F.H. G.H.

A.R.F. R.C.F.E. R.C.F.C.I.

-----FIRE DEPT USE BELOW THIS LINE-----

FINANCIAL MANAGEMENT

DATE RECEIVED: _____

AMOUNT: _____

CASH / CHECK#: _____