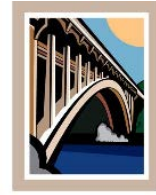




FOLSOM FIRE DEPARTMENT

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/\$50

26 or more occupants/\$100

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#: _____