FOLSOM
FIRE DEPARTMENT

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

PRELICENSE INSPECTION REQUEST

APPLICANT NAME: _____ DATE: _____

ADDRESS: _____

PHONE: _____

FACILITY NAME: _____

ADDRESS: _____

PHONE: _____

Make check payable to FOLSOM FIRE DEPARTMENT

CHECK#_____

25 or less occupants/$56
26 or more occupants/$113

F
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#:_____