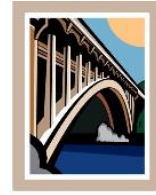




# FOLSOM FIRE DEPARTMENT

535 Glenn Drive Folsom, CA 95630  
Office (916) 461-6300 Fax (916) 984-7081  
[www.folsom.ca.us](http://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/\$53**  
**26 or more occupants/\$107**

#### 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#: \_\_\_\_\_