



## Request For Fire Department Visit

This form must be kept on file at the licensed child care

### Section A. Facility Information

1.Name of child care facility to be visited:		2.Provider ID #:	
3.Address:	4.City:	5.County:	6.Zip code:
7.Contact person:		8.E-mail address:	
9.Ten digit telephone #:		10.Ten digit cell phone #:	
11.Date request was made:		12.Response given from Fire Department: <input type="checkbox"/> Visit will take place on _____ <input type="checkbox"/> Visit will NOT take place	
13.Comments/summary of discussion:			
Visited by:			Date of visit:
Licensee Signature:			