



<b>CITY OF SAINT PAUL</b> Department of Safety and Inspections Fire Prevention Division 375 Jackson St. Suite 220	<b>FIRE ALARM INSPECTION REQUEST FORM</b> Revised December 2009
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**Complete all areas of this form and fax to:  
Saint Paul Fire Prevention @ 651-266-8951**

\*No fax cover sheet is required when faxing this form.\*

An inspector will contact you within 48 hours of receiving this request to confirm inspection date and time. Once an inspector has been assigned to this project, they will continue with all of the inspections as needed.

Today's Date: \_\_\_\_\_

Requested By: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address of Project: \_\_\_\_\_

(Include Type: Ave., St., Blvd., and direction N, S, E, W)

Name of Project: \_\_\_\_\_

Permit Number: \_\_\_\_\_

To Be Filled Out By Department of Safety and Inspections:

Inspector Assigned: \_\_\_\_\_

Date/Time of Inspection: \_\_\_\_\_