



**FORT WORTH FIRE DEPARTMENT**  
**Application for After-Hours Fire Prevention Services**

- 1.) This form is to be received, and approved prior to Inspector assignment.
- 2.) This form must be submitted by the alarm system or sprinkler system contractor. Not the General Contractor
- 3.) This form must be completely filled out and faxed to (817) 392-6867

**ALARM / SPRINKLER INFORMATION**

TODAY'S DATE: \_\_\_\_\_ PERMIT NUMBER: \_\_\_\_\_

JOB DATE REQUESTED: \_\_\_\_\_ JOB TIME REQUESTED: \_\_\_\_\_

JOB SITE ADDRESS : \_\_\_\_\_

JOB DESCRIPTION / INFORMATION: \_\_\_\_\_

Location/Situation necessitating after-hours inspection please be very specific.

\* Our criteria does not allow for after-hours inspections being assigned in any situation where the inspection can be during normal business hours.

**BILLING INFORMATION**

ALARM OR SPRINKLER COMPANY NAME: \_\_\_\_\_

ALARM OR SPRINKLER COMPANY ADDRESS:  
 STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE TEXAS ZIP CODE \_\_\_\_\_

ALARM OR SPRINKLER LICENSE NUMBER: \_\_\_\_\_

COMPANY TELEPHONE: \_\_\_\_\_ COMPANY FAX: \_\_\_\_\_

COMPANY EMAIL ADDRESS: \_\_\_\_\_

CONTRACTOR CONTACT PERSON: (please print) \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

APPROVALS: FIRE MARSHAL / ASSISTANT FIRE MARSHAL \_\_\_\_\_

STATUS:      APPROVED                  NOT APPROVED

\*\*\* \$120.00 PER HOUR - 4 HOUR MINIMUM = \$480.00 PER INSTANCE