

City of Palo Alto  
Fire Prevention Bureau Information Request

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Email: \_\_\_\_\_  
Subject: \_\_\_\_\_

Requested Information:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FOR DEPARTMENT USE ONLY

Outcome/Follow up:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On Calendar YES / NO

Follow up Completed on: \_\_\_\_\_ BY: Email Phone Fax

BY: \_\_\_\_\_

Fax Form to (650) 327-6951 or Email Form to [fireinspectionsservices@cityofpaloalto.org](mailto:fireinspectionsservices@cityofpaloalto.org)