

City of Palo Alto
Fire Prevention Bureau Appointment Request

Company: _____ Date: _____

Address: _____ Phone: _____

Contact: _____ Email: _____

Inspector: _____

Appointment Date Requested: _____ Time: _____ Duration: _____

Topic: _____

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 fireinspectionervices@cityofpaloalto.org