



FIRE INSPECTION FOR ELECTRIC ONLY

Address of Service: _____

Move In Date: _____

Name: _____

Mailing Address: _____

Phone Number: _____ Date of Birth: _____

Email Address: _____

Driver's License Number: _____ Social Security Number: _____

Employer: _____

Address: _____

Phone Number: _____

Signature: _____ Date: _____

OFFICE USE ONLY:

Approved by: _____

Account #: _____ Passed Inspection: _____

Deposit Amount: _____ Receipt: _____ Date Paid: _____