

State Of Alaska
Department of Health & Social Services
Division of Public Health
Certification & Licensing

Request for Fire Prevention Review by
Municipality of Anchorage Fire Department
P.O. Box 196650, Anchorage, AK 99519-6650
(907) 267-4972, FAX: (907) 267-4958

Request Date: _____ **Requesting Individual:** _____ **Phone:** _____

Request Type: New _____ **Renewal** _____ **Modification** _____ **Adult Care** _____

Facility: _____
Location: _____
Mailing Add: _____
Hours: _____
Contact: _____
Phone: _____
Residents Ages: _____
Resident Capacity: _____
Costs: <u>All costs associated with the Fire Inspection are the responsibility of the facility</u>

Notes: _____

AGENCY ACTION
_____ Approved to operate (if corrections are required, specify and indicate time frame) _____
_____ Provisional approval until _____ . See attached for specific corrections:
_____ Disapproved to operate (If program is not in operation, specify corrections required; if in operation, indicate closure date) _____

Comments: _____

INSPECTOR: _____ (Signature) _____ (Print Name)

DEPARTMENT: _____ **PHONE:** _____ **DATE:** _____