

# INITIAL INSPECTION REQUEST DAY CARE

NOTE: ALL BLANKS MUST BE COMPLETED OR REQUEST WILL BE RETURNED

FEE: 25.00 FEE MUST BE ACCOMPANIED BY REQUEST  
(Check or Money Order)

TO: Office of the State Fire Marshal  
1700 MacCorkle Avenue SE – 4<sup>th</sup> Floor North  
Charleston, WV 25314  
Attn: Inspection Division  
Phone: 304-558-2191 ext. 20755

I am requesting a fire safety inspection for the facility listed below:

NAME OF FACILITY: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

ADDRESS OF FACILITY: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

COUNTY: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_

SPECIAL INSTRUCTIONS OR DIRECTIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Internal Use Only

Reference #

Check #

Invoice #

Amount