

FIRE DEPARTMENT BUREAU OF FIRE PREVENTION FIRE ALARM INSPECTION UNIT



9 METROTECH CENTER, BROOKLYN, N.Y. 11201-3857 E-MAIL: faiu@fdny.nyc.gov

INQUIRY

Must be typewritten. Submit request in triplicate (if "In Person") and enclose a self-addressed stamped envelope.

1 INFORMATION REQUIRED (Applicant Info):			
NAME: COMPANY: ADDRESS:			
CITY: _		STATE:	ZIP:
E-MAIL:	:	BUSINESS TELEPHONE:	
LICENS	E No. (R.A., P.E., LICENSED CONTRACTOR, EXPEDITOR – IF APPLICABLE):		
	SIGNATURE:	DATE:	
2 I	NQUIRY (Provide as much details as possible):		
DATE (DF INSPECTION: PW-1 No.:	CONTROL No.:	
INQU	IRY:		
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Supporting Documents attached?			
3 5	SUBMISSION:		
 3-1-1 Online: Submit your inquiry as an attachment via the city-wide 3-1-1 web service; In Person: Submit your inquiry to: FAIU – Inquiry, at Window No. 8 on 1st floor, 9 MetroTech Center, Brooklyn, NY 11201-3857. 			
4 (OFFICE USE ONLY:		
RESOLUTION:			
			·
	EXAMINER: (
	(SIGNATURE) (PRINT) APPROVED: ((DATE)	
	(SIGNATURE) (PRINT)	(DATE)	