



**FIRE DEPARTMENT  
BUREAU OF FIRE PREVENTION  
FIRE ALARM INSPECTION UNIT**

9 METROTECH CENTER, BROOKLYN, N.Y. 11201-3857  
TELEPHONE: (718) 999-2469 FAX: (718) 999-2892



## EXPEDITED SERVICE REQUEST (5-DAY)

**Instructions:**

- The following form shall be completed and signed by the Owner (Property Manager, Managing Agent, etc.).
- Expediting fee is in addition to the standard inspection fees and due when request is submitted.
- A separate form must be submitted for each Letter of Approval for which expedited service is being requested.

### 1 APPLICANT INFORMATION (Owner, Partner, Corporate or LLC Office, Managing Agent, Property Manager, etc.)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address (House No, Street Name, City, State, Zip): \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Mobile Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### 2 PROJECT INFORMATION

Address (House No, Street Name, City, State, Zip): \_\_\_\_\_

Business Name: \_\_\_\_\_ Job No.: \_\_\_\_\_

### 3 APPLICANT'S STATEMENT (must be notarized)

I, \_\_\_\_\_, being duly sworn affirm that I am the \_\_\_\_\_  
(Name) Owner, Managing Agent, Property Manager, etc.)

of property located at \_\_\_\_\_

I hereby grant permission to \_\_\_\_\_ to act as my representative  
(Name of Individual/ Company)

in all aspects in order to obtain a Letter of Approval for the fire alarm system filed under the Department of Buildings Plan/Work Application No. (PW-1) \_\_\_\_\_.

Further, I hereby authorize my representative to answer and manage any and all questions related to the Fire Department Account No. \_\_\_\_\_ from \_\_\_\_\_ up to \_\_\_\_\_.  
(mm/dd/yy) (mm/dd/yy)

Title: \_\_\_\_\_  
Notarization: \_\_\_\_\_  
of New York, County of: \_\_\_\_\_

Signed: \_\_\_\_\_

Name (print): \_\_\_\_\_ Sworn to or affirmed under penalty of perjury

Date: \_\_\_\_\_ day of 20\_\_\_\_

Notary Public Signature \_\_\_\_\_

**Notary Seal**

### RESOLUTION (Office Use Only)

Applicant: \_\_\_\_\_ FPIMS Account No: \_\_\_\_\_ Outstanding Balance, \$ \_\_\_\_\_

Expedited Service: ☐ Approved ☐ Denied Expediting Fee, \$: \_\_\_\_\_

Payment Total, \$: \_\_\_\_\_ Processed By: \_\_\_\_\_  
(Print) (Signature)

Inspection Documentation Processed By: \_\_\_\_\_  
(Supervisor) (Print) (Signature)

Release of Letter of Approval Approved By: \_\_\_\_\_  
(Director of FAIU, Deputy Chief Inspector) (Print) (Signature)