



**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: _____ BIS 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: _____
 Signed: _____
 Name (print): _____
 Date: _____

NOTARIZATION:
 State of New York, County of: _____
 Sworn to or affirmed under penalty of _____
 perjury
 _____ day of 20 _____
 Notary Public Signature _____

Notary Seal

4 RESOLUTION **(Office Use Only)**

Date: _____ FPIMS Account No: _____ Outstanding Balance, \$ _____
 Expediting 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)