

MISSOURI DIVISION OF FIRE SAFETY  
1-573-751-2930



William L. Farr  
STATE FIRE MARSHAL

## FIRE DEPARTMENT NOTIFICATION

The purpose of this form is to speed the licensing process and to notify local fire departments of your facility in their service area.

### TO BE COMPLETED BY PROVIDER

Name of Facility / Provider \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Capacity Requested \_\_\_\_\_

Administrator \_\_\_\_\_

Projected Date of Opening \_\_\_\_\_

Please have the fire department or fire district that serves the facility complete the information in the box below.

### TO BE COMPLETED BY LOCAL FIRE DEPARTMENT

**This is not a request for an inspection.** This is only to inform you of the operation of this facility within your district.

Department Name \_\_\_\_\_

Address \_\_\_\_\_

Signature of Fire Official \_\_\_\_\_

Date \_\_\_\_\_ Phone Number \_\_\_\_\_

*This form is required for licensing and must be completed and on file at the facility before the Fire Inspector arrives to inspect the facility.*