

## Illinois State Fire Marshal Inspection Request

<b>Reason for Request (select one)</b>	<input type="checkbox"/> Inspection for New License <input type="checkbox"/> License Renewal <input type="checkbox"/> Licensing Follow-Up Inspection <input type="checkbox"/> Other <input type="checkbox"/> Relocation of an Existing Facility
<b>Reason Description</b>	
<b>License Expiration Date (not required for new licenses) <b>Date last fire inspection expires</b></b>	
<b>SFM Regional Office</b>	<input type="checkbox"/> Chicago <input type="checkbox"/> Springfield/Marion
<b>Date Occupancy was Established</b>	
<b>Number of Projected Clients/Occupants</b>	
<b>Type of Occupancy</b> ▪ <b>Occupancy Type Description</b>	<input checked="" type="checkbox"/> Other Type <input checked="" type="checkbox"/> Private School
<b>Evacuation Capability (select one)</b>	<input type="checkbox"/> Impractical <input type="checkbox"/> Prompt <input type="checkbox"/> Slow
<b>Age of Clients/Occupants</b>	
<b>Areas and Floor Levels to be Used</b>	<input type="checkbox"/> Entire Building <input type="checkbox"/> Specific Room Numbers:
<b>Specific Information</b>	<input type="checkbox"/> Elementary School <input type="checkbox"/> High School <input type="checkbox"/> Elementary and High School
<b>Facility Name</b>	
<b>Facility Owner Name</b>	
<b>Facility Address (include city, state, zip code)</b>	
<b>County</b>	
<b>Contact Person Name</b>	
<b>Title or Role</b>	
<b>Contact Person Telephone Number</b>	
<b>Contact Person Cellular Phone Number</b>	
<b>Contact Person Email</b>	

**Submit completed form to your assigned principal consultant.**