LOS ANGELES FIRE DEPARTMENT

DIVISION 15 INSPECTION BILLING FORM

Rev Source Code 3892

CUSTOMER INSTRUCTIONS - *PLEASE PRINT LEGIBLY*

1. Please fill-in requested information in the following areas:
   - ☐ CUSTOMER BILLING INFORMATION
   - ☐ CUSTOMER JOB CONTACT INFORMATION
   - ☐ CUSTOMER ACKNOWLEDGEMENT FOR PAYMENT
2. Obtain signature and approval of completed billing form prior to filling your inspection request.
3. Bring in this completed and signed form, OR fax it to (213) 482-6922.

NOTE: A charge of $156 per hour will be billed after the first 2 hours of initial Inspection Service, or any portion thereof.

CUSTOMER BILLING INFORMATION

Customer Name or Company Name:	PCIS No:	Phone: ( )		
Street: Special Billing ☐	City:	State:	Zip:	

CUSTOMER JOB CONTACT INFORMATION

Name/Contact:	Phone: ( )	Email:	
Project Site Address: Suite/Floor No.	Requested Inspection:	Date:	
		Time:	

CUSTOMER ACKNOWLEDGEMENT FOR PAYMENT

I agree to pay a charge of $156.00 per hour *after the first 2 hours* of Inspection Service, or any portion thereof **ALL FEES MUST BE PAID PRIOR TO SIGNATURE ON BUILDING CARD.**

Print Name:	Title:
Authorizing Signature:	Date:

For Office Use Only

Inspector No:	Type of Inspection:	**TOTAL NO. INSPECTION HOURS:**
	Type of Billing Verification - staple to this form: (Indicate letterhead, etc.)	

Comments: _____

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