

# Request a fire inspection

Date: \_\_\_\_\_

Type of Inspection Requested (must be requested by permit holder):

\_\_\_\_\_

Name of business/organization:

\_\_\_\_\_

Address

Street number and name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zipcode: \_\_\_\_\_

Name of person and/or company requesting inspection:

\_\_\_\_\_

Your phone number: \_\_\_\_\_

Your email address: \_\_\_\_\_

Detailed description of request:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

After you have completed the form, please click the "Submit by email" button to email the form, or the "Print form" button to print.

Printed forms can be mailed to:

Dearborn Fire Marshal  
3160 Oakwood Blvd  
Melvindale, MI 48122

For questions, contact the Dearborn Fire Department at 313-943-2884, or email [firemars@ci.dearborn.mi.us](mailto:firemars@ci.dearborn.mi.us).