



Idyllwild Fire Protection District

PO Box 656
Idyllwild, CA 92549
(951) 659-2153

Special Event Request Form

Date of event: _____

Name of event: _____

Address of event: _____

Contact name: _____

Contact phone: _____

Approximate number of attendees: _____

Special considerations e.g. Cooking, BBQ etc. _____

The fee for a special inspection is **\$ 120.00** (minimum)

The check should be made out to: **Idyllwild Fire Protection District or IFPD**

Paid - Method (circle one) Check, Money Order, Cash, other _____

Receipt given/sent to customer (circle one) Yes No Receipt # _____

Taken by: _____ Date: _____

Approved by: _____ Date _____