



Idyllwild Fire Protection District

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

Special Inspection Request Form

Address or APN#: _____

Contact name: _____

Contact phone: _____

Requested inspection date by: _____

Reason for inspection _____

Compliance report Mailed to or Fax number: _____

Address: _____

The fee for a special inspection is \$ **60.00** Checks should be made out to:

The **Idyllwild Fire Protection District** or **IFPD**

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

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

Taken by: _____ Date: _____

PAYMENT REQUIRED AT TIME OF REQUEST

NO EXCEPTIONS

INTEGRITY • SERVICE • EXCELLENCE

www.idyllwildfire.org