



Department of Mental Health GROUP HOMES & CENTERS FIRE DEPARTMENT NOTIFICATION

The purpose of this form is to expedite your licensing/inspection process and to provide notification to your local fire department of your facility's operation in their service area, for preplanning purposes, in case of an emergency response.

- Please request the fire department or fire district that provides fire protection to your location complete the information in the lower section.
- This form is required for licensing and must be completed and on file at the facility before the State Fire Inspector arrives to conduct the inspection.

TO BE COMPLETED BY PROVIDER

NAME OF FACILITY/PROVIDER _____

ADDRESS _____

PHONE NUMBER _____ CAPACITY REQUESTED _____

ADMINISTRATOR _____

PROJECTED DATE OF
OPENING _____

TO BE COMPLETED BY LOCAL FIRE DEPARTMENT

This is not a request for an inspection. This is only to inform you of the operation of this facility within your district.

DEPARTMENT NAME _____

ADDRESS _____

SIGNATURE OF FIRE OFFICIAL _____

DATE _____ PHONE _____

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