After Hours Request Form



City of San Antonio, Fire Prevention Division, 1901 S. Alamo St, San Antonio, TX 78204

Requested Date of Inspection:

Requested Inspection Time:	Other:
Requested inspection Time:	Other



Permit Number:					
Project Name:					
Project Address:					
Company/Org. Name:					
Company Address:					
Office Number:					
Email:					
Inspection:					
*Total device/s	prinkler head count to be	inspected/tested:			
Other (if reque	esting more than one ins	spection)			
On-Site Contact Name:					
Contact Number:			_		
			<u> </u>		
I am requesting an afterhour inspector, with a two (2) hou					
hour minimum, a further fee	of \$82.40 per hour will	be charged in one	(1) hour increments th	e next bus	siness day after the
inspection. AFTERHOURS In disapproved, the re-inspecti					-
Permit Holder: Contact the	Fire Prevention Office a	t (210) 207-8410 C	option 0 after 3:30 p.m. t	to verify a	pproval of after
hour requests. Information	on the status of the ar	ter nours inspect	ion will only be released	to the Pe	ermit Holder.
Payment Type:	(Payable	to: City of San Antoni	0)		
	ion fee(s) from my escrow act Name:	account.	Dhana		
	act Name:		Phone: Phone:		
Signature**:		Print Name:		Date:	

^{**-}Provide Contact ID (AC#####) if unable to sign the digital document