

CANCELLATION FORM
INSPECTION BY APPOINTMENT

(ONE FORM FOR EACH CANCELLATION REQUIRED)

Fax Number: 718-999-2892

Email: _____

Telephone: 718-999-5114

PW-1 NUMBER: _____

JOB ADDRESS: _____

DATE OF INSPECTION: _____

ACKNOWLEDGEMENT OF CANCELLATION POLICY

By submitting this form I acknowledge the following:

1. This completed cancellation form must be received by the Fire Alarm Inspection Unit 72 business hours prior to the scheduled Inspection by Appointment.
2. No Inspection by Appointment can be cancelled if the Letter of Defect exceeds 90 days or a Violation Order was already issued.

SIGNED: _____ **DATE:** _____

TITLE: _____

COMPANY/ORGANIZATION NAME: _____

ACKNOWLEDGEMENT OF AUTHORITY

By signing this request I acknowledge that I have the authority to act on behalf of the contractor requested the Inspection by Appointment

SIGNED: _____ **DATE:** _____

F.D. EXPEDITOR LIC. No. _____