



BIG BEAR FIRE DEPARTMENT
41090 Big Bear Boulevard
Post Office Box 2830
Big Bear Lake, CA 92315
Office (909) 866 7566 Fax (909) 866 8288

**FUELS MANAGEMENT INSPECTION REQUEST
INSURANCE / DEFENSIBLE SPACE**

Date: _____ Telephone #: _____

Property Owner Name: _____

Property Address: _____

Mailing Address: _____

E-mail Address: _____

Insurance Company: _____

Policy Number and Expiration: _____

Insurance Agent Name: _____

Insurance Agent E-mail: _____

Insurance Company Complaint: _____

“The Big Bear Fire Department has permission to access my property.”

Signature: _____

Printed Name: _____

An \$80.00 fee is required for inspection. Upon compliance with Defensible Space requirements, a compliance certificate will be emailed to the Insurance Company and the property owner.

Please Make Checks Payable to: Big Bear Fire Department

Pay by: Cash _____ or Check Number _____ Amount _____

=====

For Fire Department Use Only

Date of Receipt of Request: _____

Signature Received By: _____

Inspection Completed on: _____ Letter Sent on: _____ Letter Sent By: _____