



Jefferson Parish

Department of Engineering
Public Works

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Director

**FIRE SERVICE
VERIFICATION FORM**

DATE _____

OWNER NAME

INSTALLATION NAME

ADDRESS

JOBSITE PHONE NO. _____

ADDRESS

PHONE NO. _____

ARCH. or ENG.

APPLICANT NAME

ADDRESS

ADDRESS

PHONE NO. _____

FIRE SERVICE SIZE: ___ 1" ___ 2" ___ 3" ___ 4" ___ 5" ___ 6" ___ 8" ___ 10" ___ 12"

SENT TO CASHIERS: ___/___/___ (**FEES PAID:** ___/___/___/ 1" & 2" ONLY)

INSTALLED BY: _____

MAIN TAPPED BY: _____

INSPECTED BY: _____

COMMENTS BY WATER ENGINEER: _____
