



City of Peoria Fire-Medical Department

8401 West Monroe Street, Peoria, Arizona 85345
Phone: 623-773-7279 Fax: 623-773-7295

Fire Watch Application

Complete this application and return it to the Fire Prevention Division for approval. Specific written instructions will be provided with the approval to use the Fire Watch.

Building/Occupancy Name: _____

Building Address: _____

Reason for Request:

To what extent are the fire protection features or systems inoperative?

When do you expect to have the affected fire protection features or systems fully operational?

Who is providing the work to bring the fire protection features or systems into compliance?

Insurance Carrier Name: _____

Insurance Carrier Policy Number: _____

Insurance Carrier Telephone Number: _____

Who is performing the Fire Watch?

Telephone Number: _____

Have all hazardous materials been reduced or eliminated from building? Y N

Requester's Name: _____

Requester's Telephone Number: _____ Requester's Fax: _____

Requester's email: _____

