



**FREDERICK COUNTY DIVISION OF
FIRE AND RESCUE SERVICES
OFFICE OF THE FIRE MARSHAL**

www.frederickcountymd.gov/fm



FOSTER CARE / ADOPTIVE HOME SURVEY REQUEST

REQUESTOR NAME:			DATE OF REQUEST:		
REQUESTING AGENCY:					
ADDRESS:					
CITY:			STATE:		ZIP CODE:
PHONE:			EMAIL ADDRESS:		
LICENSING AGENCY (Check one):					
<input type="checkbox"/>	Department of Health and Mental Hygiene	<input type="checkbox"/>	Department of Juvenile Services		
<input type="checkbox"/>	Department of Human Resources	<input type="checkbox"/>	Other (Specify):		
In order to comply with licensing regulations for FOSTER CARE / ADOPTION HOMES, we are requesting a fire safety survey for the residence listed below:					
NAME:					
ADDRESS:					
CITY:			STATE:		ZIP CODE:
HOME PHONE:			CELLULAR PHONE:		
SPECIAL INSTRUCTIONS OR DIRECTIONS:					
<input type="checkbox"/>	INITIAL SURVEY	DUE DATE:		<input type="checkbox"/>	RENEWAL SURVEY
NOTE: The Office of the Fire Marshal will establish an appointment for the survey.					
FOR OFFICE OF THE FIRE MARSHAL USE ONLY:					
<input type="checkbox"/>	NO VIOLATIONS NOTED AT TIME OF SURVEY		<input type="checkbox"/>	VIOLATIONS NOTED ON ATTACHED SURVEY SHEET	
DATE OF SURVEY:					
PRINTED NAME OF INSPECTOR		SIGNATURE OF INSPECTOR			
I CERTIFY THAT THE VIOLATIONS NOTED ON THE ATTACHED SURVEY SHEET HAVE BEEN CORRECTED:					DATE:
PRINTED NAME OF CASE WORKER		SIGNATURE OF CASE WORKER:			