City of San Antonio
San Antonio Fire Department – Fire Prevention Division
Escrow Account Utilization Authorization

This form must be completed in order to have fees for various services deducted from your escrow account. The completed form may be faxed to our office at 207-7949. Please confirm receipt of your authorization by calling 207-8410.

Date: _____ Customer #: _____

Company Name: _____

Street Address: _____

Name of Authorized Person (*Print*): _____

Authorized Signature: _____

Telephone: (_____) _____ Fax: (_____) _____

Job Site: _____ Permit #: _____
(Business Name)

Street Address: _____ Bldg. _____ Space_____

Please check the appropriate fee(s) and enter the amount(s) to be deducted from your account for each service indicated. Enter the total amount to be deducted at the bottom. Please note that a separate *Escrow Account Utilization* Form is required for separate permits. After Hours requests should also include the appropriate request form.

Type of Fee	**Amount**
❑ Permit	$_____
❑ Retest	$_____
❑ Re-Inspection	$_____
❑ Reschedule	$_____
❑ Fast Track	$_____
❑ Duplicate Permit	$_____
❑ Working w/o Permit	$_____
❑ Visual	$_____ _____/_____/_____ ***(Date required for visual)***
❑ After Hours Inspection (see Note)	$_____ **DATE:** _____ **A.M. / P.M.** **(After Hours starts at 5:00 am *or* 5:30 pm)** **ON-SITE CONTACT** _____ **PHONE #: ( ) _____**

Total Due $_____

NOTE: Please include an "After Hours Request Form" when requesting after hours inspections.

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