



**Fire Service Authorization**  
Engineering Department

Date: \_\_\_\_\_ File No.: \_\_\_\_\_ Phase No.: \_\_\_\_\_ APN: \_\_\_\_\_  
Building No.: \_\_\_\_\_ OMC ☐ NMC ☐

**Box below to be filled out completely by the applicant**

IND. _____	COM _____	RES _____	(# OF UNITS _____)	LAND USE _____	PROJECT AREA _____ ac
SERVICE ADDRESS*: _____					
BUSINESS NAME: _____			CONTACT: _____		
BILLING ADDRESS: _____					
CITY, STATE, ZIP: _____			BUSINESS LICENSE #: _____		
PHONE NUMBER: _____		ALT NO.: _____		FAX NO.: _____	

\* PLEASE LIST ALL ADDRESSES WHEN MULTIPLE BUILDINGS ARE BEING SERVICED

**TOTAL NUMBER OF FIRE LINES WITHIN PUBLIC R/W :** \_\_\_\_\_

	Pipe Size	Location
Fire Line 1	_____	_____
Fire Line 2	_____	_____
Fire Line 3	_____	_____
Fire Line 4	_____	_____

**Important Information:**

To have Fire Protection Service turned on, please call Revenue Services Department at (909) 395-2050 at least three days in advance to start service and coordinate backflow testing. An advance water payment may be required along with proper identification and, if applicable, a City of Ontario business license.

\_\_\_\_\_  
Applicant Name/Signature

APPROVED: \_\_\_\_\_  
By Permit Engineer for City Engineer

\_\_\_\_\_  
Inspector Approval for installation/ Date

Distribution List: 1-Applicant 2- Cashier 3- Steve Wilson 4- Inspector 5- File 6- Meter Shop, Public Works