



SEISMIC GAS SHUTOFF VALVE INSPECTION REQUEST FORM

After completing this form, please fax it to (213) 482-0303

Requests received prior to 1:00 p.m. will be scheduled for the next workday.

Today's Date:	Contractor Name:	Phone #:	Cell #:
---------------	------------------	----------	---------

PERMIT NUMBER	Address Including Lot/Unit Number	Requested Inspection Date <small>MUST BE WITHIN 3 DAYS</small>	Call Back Phone Number	Name of Contact Person

This form is to be used when requesting four (4) or more inspections on seismic gas shut off valves only. Use of this form for other than seismic gas shutoff valves may result in an inspection not being scheduled. To schedule fewer than four (4) inspections please call 888-LA4BUILD

As a covered entity under Title II of the Americans with Disabilities Act, the City of Los Angeles does not discriminate on the basis of disability and, upon request, will provide reasonable accommodation to ensure equal access to its programs, services and activities.