

# Wallingford Fire Department

Fire Prevention Division  
75 Masonic Avenue, Wallingford, CT 06492  
Phone (203) 294-2766 Fax (203) 294-2736  
[firepreventiondivision@wallingfordfd.com](mailto:firepreventiondivision@wallingfordfd.com)



## Tenant's Consent to Inspect Form

CFSC Inspectable Occupancy/Unit: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Unit # \_\_\_\_\_

I, the undersigned, as the lawful **TENANT** of the inspectable occupancy/unit indicated above and based upon the information presented herein do hereby grant access and consent to the Wallingford Fire Department Fire Prevention Division and the person named below to inspect my inspectable occupancy/unit **while I am not present.**

I understand:

1 – That a member of the Fire Prevention Division will be on the premises for the purpose of conducting a required fire safety code inspection on: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ and **I will not be present;**

2- That this inspection is required by Connecticut General Statute to enforce compliance with the requirements of the Connecticut Fire Safety Code and Connecticut Fire Prevention Code;

3- That the person named below has been granted my permission and consent to use his/her key to access my unit for this inspection;

4- That the Fire Prevention Division reserves the right to contact me to verify this consent;

5- That I may eliminate the need for this Consent by calling the Fire Prevention Division at 203-294-2766 **prior to the date above** and scheduling an appointment for when I will be present at my convenience during the **next thirty (30) days.**

I, \_\_\_\_\_, as the lawful **tenant** of the inspectable occupancy/unit indicated above, do hereby grant consent to \_\_\_\_\_ (Name) / \_\_\_\_\_ (Relationship (landlord, property manager, etc..))

to provide access to my inspectable occupancy/unit for a fire safety code inspection on my behalf **and remain present during the inspection.**

Signature: \_\_\_\_\_ Unit No.: \_\_\_\_\_ Date: \_\_\_\_\_

Contact #: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

I \_\_\_\_\_ (Name) verify that no damage was caused during the fire safety inspection of \_\_\_\_\_ on \_\_\_\_\_ Unit \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

- This signed form will be retained by the WFD Fire Prevention Division and Property Owner/Tenant.