

INSPECTION REQUEST MOBILE OR TEMPORARY COOKING UNIT

FORM MUST BE COMPLETED OR REQUEST WILL BE RETURNED.

AT THIS TIME, THERE IS NO FEE ASSOCIATED WITH THIS REQUEST.

Please mail request to:

Office of the State Fire Marshal
Attn: Inspections Division
1700 MacCorkle Avenue SE - 4th Floor N
Charleston, WV 25314

OR

Please email this request to:

sfminspections@wv.gov

Type of Unit: ☐ Food Truck ☐ Food Trailer

I am requesting a fire safety inspection for the unit listed below:

NAME OF UNIT: _____

SECONDARY NAME OF UNIT (IF APPLICABLE): _____

CITY WHERE INSPECTION WILL BE PERFORMED: _____

COUNTY WHERE INSPECTION WILL BE PERFORMED: _____

CONTACT PERSON: _____

CONTACT PHONE: _____ OTHER PHONE: _____

VIN: _____

PLATE #: _____

TYPE OF SALES (I.E. TYPES OF FOODS/BEVERAGES SERVED): _____
