



STATE OF NEW HAMPSHIRE DEPARTMENT OF SAFETY

John J Barthelmes, Commissioner

Division of Fire Safety
Office of the State Fire Marshal
J. William Degnan, State Fire Marshal



Bureau of Electrical Safety and Licensing
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603-223-4289, FAX 603-223-4295

INVESTIGATION REQUEST FORM

Please print. Answer as many questions as possible.

INVESTIGATION REQUESTED BY: _____

DATE: _____

NAME: _____

STREET: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

TELEPHONE NUMBER: (WORK) _____ **(HOME)** _____

PERSON OR COMPANY PERFORMING WORK: _____

STREET: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

TELEPHONE NUMBER: (WORK) _____ **(HOME)** _____

LICENSED OR UNLICENSED? _____

LOCATION OF JOB: _____
(Street) (City/Town) (Zip Code)

WAS THE JOB COMPLETED? _____ **IF NO PLEASE EXPLAIN ON BACK.**

DATE JOB WAS STARTED: _____ **WAS PERMIT OBTAINED?** _____

WAS JOB INSPECTED BY LOCAL AUTHORITY? _____ **APPROVED?** _____

NAME OF PERSON WHO INSPECTED THE JOB: _____

PLEASE STATE THE REASON FOR REQUESTING AN INVESTIGATION ON THE REVERSE SIDE OF THIS FORM.

