



Long Beach Fire Department Bureau of Fire Prevention

REQUEST FOR ACCOUNT CLOSURE

I, _____ hereby certify that I will **NO LONGER** be conducting business within the City of Long Beach, California.

Account(s) # _____

Business Name _____

Business/Site Address _____

Contact Name _____ Title _____

Telephone Number _____ Email Address _____

Last day of business _____

Reason for closure _____

I **HAVE** provided supporting documentation

I **DO NOT** have supporting documentation. *(Please Note: LBFD staff might require additional information.)*

Signature _____ Today's Date _____

FOR FIRE PREVENTION USE ONLY

Request Received on _____ By: Email Fax US Mail In Person

Account Status at time of Request:

Active ActPlan Collect WriteOff Closed Agency SmClaims Bankrupt

If required: Inspected By _____ Date _____

Balance on Date of Request \$ _____

Penalty \$ _____

Additional Fees \$ _____

Total amount to RBR \$ _____

Approved By _____

FP Clerical _____ Date Completed _____

NOTES: _____
