



Fire Department • Service d'incendie
Fire Prevention Branch • Direction de la prévention des incendies

Release for Inspection

First Name

Last Name

Company Name (if applicable)

Address

City, Province, and Postal Code

Telephone Number

Email Address

I hereby request that the Winnipeg Fire Department conduct an inspection of the premises at _____ (address) _____ (business name) to determine compliance with the Fire Prevention By-Law and Manitoba Fire Code. As the owner, I hereby consent to the entry of staff of the Winnipeg Fire Department, at any reasonable time, in order to conduct this inspection. If this request is being made by someone other than the owner, a letter of permission from the owner must accompany this request. I will also provide the name and phone number of a contact person who will accompany the Fire Inspector on the inspection.

I understand and agree that this inspection is not a general inspection and will only assess compliance with the Fire Prevention By-Law and Manitoba Fire Code. Among other things, this means that as a result of this inspection, orders may be issued requiring compliance with the Fire Prevention By-Law and Manitoba Fire Code. It also means that the inspection will not result in an opinion or report on the general condition, state of repair or value of the premises.

I further understand and agree that the City of Winnipeg Fire Department is not liable for loss, damage, injury or harm of any kind arising from the inspection being requested, and I agree not to make any claim against the City of Winnipeg or its employees arising out of the inspection. I also agree to indemnify the City and its employees from any and all claims I or anyone else may have now or in the future for loss, damage, injury or harm of any kind arising from the inspection being requested, even if the loss, damage, injury or harm is a result of negligence by the City or its employees.

I agree to pay the City \$127.00 per hour, or part thereof, to conduct the requested inspection. I will also include the following for billing purposes:

<input type="checkbox"/> Same as above, or
Name _____
Address _____
Postal Code _____
<input type="checkbox"/> Letter of Permission attached

Signature

Date

Witness Signature

Date

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