



**WILSON COUNTY HEALTH & PUBLIC SAFETY  
WILSON COUNTY FIRE/HEALTH INSPECTION FORM**

**800 TENTH ST. BUILDING B, FLORESVILLE, TX 78114**

**OFFICE: (830) 393-8503 CELL: (830) 391-1713**

**EMAIL: firemarshal@wilsoncountytexas.gov**

Name of Organization/Business:								
Physical Address:			Mailing Address:					
City:		State:	TX	Zip Code:		County:	Wilson	
Telephone Number at Address:								
Organization/Business Email:								
Owner:		Contact:						
Phone:		Phone:						
Email:		Email:						

Type of Business to be Inspected:			
Days:		Hours:	

**ie; Monday thru Friday**

**6 am to 6 pm**

VERIFICATION: I SWEAR OR AFFIRM THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. I FUTURE CERTIFY BY SIGNATURE HEREON, THAT I AM AUTHORIZED TO EXECUTE THIS DOCUMENT.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME & TITLE: \_\_\_\_\_

**CHECK INSPECTIONS THAT APPLY**

**FIRE INSPECTION**

**HEALTH INSPECTION**

**Office Use Only:**

PAID	CHECK #	CASH	RECEIPT #	RECEIVED BY
\$		\$		