

COUNTY OF LEXINGTON DEPARTMENT OF EMERGENCY SERVICES



FIRE SERVICE DIVISION

Property Site Assessment Request Form

Please use this form to receive information from Lexington County Fire Service regarding hazardous material spills, fire code violations, releases or fires. You will be required to mail/drop off this completed form and a check payment for \$30 to receive the information requested. Please make the check payable to: County of Lexington, and mail or deliver the check with completed form to the following address: 436 Ball Park Rd, Lexington, SC 29072.

Requester Information:			
Full Name:			
Company:			
Address:			
City:			
State:			
Zip Code:			
Area Code & Phone	Number:		
Fax:			
E-Mail:			
Project information (Note: 0	Only one address allowed per r	equest):	
Site Address:			
City:			
State:			
Zip Code:			
Description of Reque	est:		
Document Requeste			
Additional Comment			
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Please allow a minimum of 15 business days for document retrieval.

While the Department of Public Safety strives to make the information as timely and accurate as possible, the Department makes no claims, promises, or guarantees about the accuracy, completeness, or adequacy of the contents requested and expressly disclaims liability for any errors and omissions.