Department of Labor and Industries Factory Assembled Structures PO Box 44430 Olympia WA 98504-4430



Paid date	Column	Check	Fee
			\$

## NOTIFICATION TO LOCAL ENFORCEMENT AGENCY

www.wa.gov/lni/FAS/ (case sensitive)		Date	M			
The Factory-Built unit identified below requires completion work at t	he	Mfg				
site as specified.						
Owner's name	Mfgr's serial r	10.	Dept insignia no.			
Installation address	Type of constr	ruction Occupancy	ETA at site			
City State ZIP+4	County	l l	Phone number			
Installation site is in:	y					
DESCRIBE ITEMS REQUIRING COMPLETION WORK AT THE SITE						
BUILDING DEPARTMENT	ELECTRICAL DEPARTMENT					
www.wabo.org/	www.wa.gov/lni/electrical/					
INSERT NAME AND ADDRESS IN SHADED AREA	INSERT NA	ME AND ADDRESS IN	SHADED AREA			
To:	То:					
Inspector's name (print/type) Phone: (8 am to 5 pm)	Manufacturer's name (print/type)					
Office location	Date	Manufacturer's signature				
	1					