

Consent Form

I, _____(Name of AP/Project Owner/Project Department), hereby declare as Authorized Person/Owner of the, _____(Project Title) and **give / do not give* my consent to the Fire Services Department to keep me informed of the result of project submission vetting related to the captioned project. My contact information is given as below for future communication.

* delete where appropriate

Signature	:	_____
Name	:	_____
Post Title	:	_____
Company	:	_____
E-mail	:	_____
Postal Address	:	_____
Telephone no	:	_____
Fax no.	:	_____
Date	:	_____