



**FIRE PROTECTION DISTRICT ADEQUATE ACCESS
TO ACCESSORY DWELLING UNIT CONFIRMATION FORM**

I, _____, from _____,
(Print Name) *(Name of Fire Protection District)*

confirm access to the proposed accessory dwelling unit (ADU) located at _____
(Property Address)

_____ meets the minimum fire district requirements to
(Property Address Continued)

provide emergency services to the property.

Print Name & Title

Signature