



Winslow Township Fire Department



Fire Marshal
Michael S. Scardino

REQUEST FOR TIME EXTENSION

Business Name: _____ Registration # _____
Business Address: _____
Date of Last Inspection: _____ Inspector's Name: _____
Violations Requiring Extension _____
Time Needed: _____

Why is Time Extension
Required: ? _____

Contact Person: _____
Contact's Phone # _____
Signature: _____
Date: _____

Please Complete and return to:
Winslow Township Fire District
Fire Marshal's Office
9 Cedar Brook Road
Sicklerville, New Jersey 08081

- Request Approved, new compliance date: _____
 Denied, original compliance date in force

Signed: _____ Date: _____

CC: Applicant
Business File

Office of the Fire Marshal