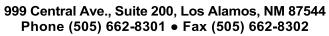




Fire Marshal's Office





FIRE LIFE SAFETY COMPLAINT FORM

Date of Complaint:	
Nature of Complaint:	
Illegal Burning (Burning of garbage or rubbi	sh inside city limits)
Nuisance Conditions (Outdoor burning where smoke affects a sensitive receptor)	
Code Violation (Occupancy, Life Safety, No	Permit)
Fire Hazard (Visible fire/safety hazards)Other (Please explain in detail below)	
Name of Person / Business:	
Phone Number (if known):	
Describe Violation (Include specific details such a hazard is):	s time of day, what they are burning, and what the
Person Making Complaint:	
Your Name:	Your Phone Number:
Your address:	
City:	State:
Other method of contact (Number/email):	
Signature:	
Disposition of Complaint:	
Disposition Date:	