



LOS ALAMOS

Fire Marshal's Office

999 Central Ave., Suite 200, Los Alamos, NM 87544
Phone (505) 662-8301 • Fax (505) 662-8302



FIRE LIFE SAFETY COMPLAINT FORM

Date of Complaint: _____

Nature of Complaint:

- _____ Illegal Burning (Burning of garbage or rubbish 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)

Location of Complaint:

Name of Person / Business:

Phone Number (if known):

Describe Violation (Include specific details such as time of day, what they are burning, and what the hazard is):

Person Making Complaint:

Your Name: _____ Your Phone Number: _____

Your address: _____

City: _____ State: _____

Other method of contact (Number/email):

Signature: _____

Disposition of Complaint: _____

Disposition Date: _____