

ORANGE COUNTY FIRE AUTHORITY

P.O. Box 57115, Irvine, CA 92619-7115 • 1 Fire Authority Road, Irvine, CA 92602

Lori Smith, Assistant Chief/Fire Marshal

(714) 573-6000

www.ocfa.org

Fire Hazard Complaint / Referral

Date:
Street Address: * City: * City: * City: * Cross Streets: / (For Example: Main/Jamboree) Is this a Residential Property
City: *
Cross Streets: / (For Example: Main/Jamboree) Is this a Residential Property
Is this a Residential Property
Business Name, Property Owner, or HOA: Please indicate if this issue, in your opinion, represents an imminent risk to life or limb:
Please indicate if this issue, in your opinion, represents an imminent risk to life or limb: Yes No Nature of Issue: *
Nature of Issue: * False/ Nuisance Alarms
□ False/ Nuisance Alarms □ Monitoring □ Work done without permit □ Barbeque or Fire Pit □ Open Burning □ Combustible Waste Storage □ Fire Extinguishers □ Overcrowding □ Dead/Dying Vegetation □ Dead/Dying Vegetation □ Combustible Waste Storage □ Dead/Dying Vegetation □ Complaint Price Lanes □ Public/Private Water Supply □ Other □ Watch □ Locked/Obstructed Exits □ Automatic Fire Sprinklers □ Fire Watch □ Hoarding □ Complaint Description: * Are you a City Employee? □ Yes □ No City: Department: Are you an OCFA Employee? □ Yes □ No If yes, please provide station and shift: Complainant's Contact Information Note: Providing your contact information is not required, however it will help us if we need further information. Name: (first, last)
Are you an OCFA Employee? Yes No If yes, please provide station and shift: Complainant's Contact Information Note: Providing your contact information is not required, however it will help us if we need further information. Name: (first, last)
Are you an OCFA Employee? Yes No If yes, please provide station and shift: Complainant's Contact Information Note: Providing your contact information is not required, however it will help us if we need further information. Name: (first, last)
Note: Providing your contact information is not required, however it will help us if we need further information. Name: (first, last)
information. Name: (first, last)
Email: Phone #:
Mailing Address:
I would like to be notified of the inspection results. \Box Yes \Box No
For Fire Prevention Use Only
Complaint Entered By: System Entry Date:
Complaint Reference #: Imaging Date:
Referral to other Agency:

Rev: 9/2017 Inspector's Total Time: _____