



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

Please fill out the form to the best of your knowledge and be as specific as possible. Required fields are denoted with an asterisk (*).

Date: / /

Please provide information about the non-complying party:

Street Address: *		
City: *	State: CA	Zip Code:
Cross Streets: /		(For Example: Main/Jamboree)
Is this a Residential Property <input type="checkbox"/> Yes OR Commercial Property <input type="checkbox"/> Yes		
Business Name, Property Owner, or HOA:		

Please indicate if this issue, in your opinion, represents an imminent risk to life or limb: Yes No

Nature of Issue: *

- | | | |
|--|--|--|
| <input type="checkbox"/> False/ Nuisance Alarms | <input type="checkbox"/> Monitoring | <input type="checkbox"/> Work done without permit |
| <input type="checkbox"/> Barbeque or Fire Pit | <input type="checkbox"/> Open Burning | <input type="checkbox"/> Combustible Waste Storage |
| <input type="checkbox"/> Fire Extinguishers | <input type="checkbox"/> Overcrowding | <input type="checkbox"/> Dead/Dying Vegetation |
| <input type="checkbox"/> Fire Hydrant / Fire Lanes | <input type="checkbox"/> Public/Private Water Supply | <input type="checkbox"/> Other |
| <input type="checkbox"/> Kitchen Extinguishing Equipment | <input type="checkbox"/> Spraying Operation | Fire Watch |
| <input type="checkbox"/> Locked/Obstructed Exits | <input type="checkbox"/> Automatic Fire Sprinklers | Hoarding |

Complaint Description: *

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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)	
Email:	Phone #:
Mailing Address:	

I would like to be notified of the inspection results. Yes No

For Fire Prevention Use Only

Complaint Entered By:	System Entry Date:
Complaint Reference #:	Imaging Date:
Referral to other Agency:	