

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 are denoted with an asterisk (*). Please	your knowledge a ase email this form	nd be as specific as to: Referral@ocfa.	s possible. .org.	Required fields	
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	es OR	Commercial Property 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: * False/ Nuisance Alarms Barbeque or Fire Pit Fire Extinguishers Fire Hydrant / Fire Lanes Kitchen Extinguishing Equipment Locked/Obstructed Exits Complaint Description: *	□ Open Burning □ Color □ Overcrowding □ Do □ Public/Private Water Supply □ O □ Spraying Operation		□ Comb□ Dead/□ OtherFire V	ork done without permit ombustible Waste Storage ead/Dying Vegetation ther re Watch oarding	
Are you a City Employee? ☐ Yes ☐ No City: Department:					
Are you an OCFA Employee? \square Yes \square 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)		Γ			
Email: Mailing Address:		Phone #:			
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: _____