

Request to Report Arson or Suspicious Fire Activity

I hereby submit my request for Fire Marshal follow-up regarding an arson or suspicious fire activity.

Do you wish to remain anonymous and skip Contact Information? *

Yes

No

Contact Information

Full Name

First Name

Last Name

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

Phone Number

Area Code

Phone Number

E-mail

Property Information

Date of Arson or Suspicious Fire Activity *

- - 
Month Day Year

Approximate Time

: AM
Hour Minutes

Address of Property in Question *

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code Country

Please provide as much information regarding the activity in question (please include names, descriptions of persons or vehicles, etc.) *

Do you wish for follow-up contact from a Fire Marshal's representative? *

- Yes
 No

Phone number which to contact you if follow-up is requested

-
Area Code Phone Number

E-mail

Submit