



## Woodside Fire Protection District

808 Portola Rd #C Portola Valley, CA 94028

Deputy Fire Marshal Don Bullard (650) 851-1594 [www.woodsidefire.org](http://www.woodsidefire.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 (\*). Please email this form to: [info@woodsidefire.org](mailto:info@woodsidefire.org)

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     Vacant Lot	<input type="checkbox"/> Yes
Business Name, Property Owner, or HOA:		

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"/> Automatic Fire Sprinklers |
| <input type="checkbox"/> Fire Hydrant / Fire Lanes | <input type="checkbox"/> Public/Private Water Supply          | <input type="checkbox"/> Hoarding                  |
| <input type="checkbox"/> Spraying Operation        | <input type="checkbox"/> Dead/Dying Vegetation                | <input type="checkbox"/> Fire Watch                |
| <input type="checkbox"/> Locked/Obstructed Exits   | <input type="checkbox"/> Vegetation Encroaching<br>On Roadway |                                                    |

Complaint Description: \*

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### 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:	