



BODEGA BAY FIRE PROTECTION DISTRICT

**P.O. Box 6
510 Highway One
Bodega Bay CA 94923**

**Committed
to
Safety and Service**

OFFICIAL FIRE HAZARD COMPLAINT FORM

Date: _____

Nature of Fire Hazard Complaint: _____

Location of Fire Hazard: _____

Reporting Party: _____

(optional) _____

*****TO BE COMPLETED BY FIRE DISTRICT EMPLOYEE*****

Official Receiving Report: _____

Date of On-Site Investigation: _____

Findings: _____

Deposition: _____

Signature of Reporting Party: _____

(Optional)

Signature of Fire District Official: _____

**Administration: (707) 875-3700
Operations: (707) 875-3001**

**Fax: (707) 875-2660
Fax: (707) 875-2285**