



# CITY OF CANANDAIGUA FIRE DEPARTMENT

## FIRE HAZARD COMPLAINT / REFERRAL FORM



Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*Please provide information about the non-complying party:*

|   |                        |                        |
|---|------------------------|------------------------|
| Street Address:                               |                        |                        |
| City: <b>Canandaigua</b>                      | State: <b>New York</b> | Zip Code: <b>14424</b> |
| Cross Streets: (For Example: Main/Phelps)     |                        |                        |
| Is this a Residential or Commercial Property? |                        |                        |
| Business Name or Property Owners Name:        |                        |                        |
| Do you have any Photographs?                  |                        |                        |

### Nature of Complaint

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> False / Nuisance Alarms<br><input type="checkbox"/> Barbeque or Fire Pit<br><input type="checkbox"/> Fire Extinguishers<br><input type="checkbox"/> Hydrant / Fire Lanes<br><input type="checkbox"/> Illegal / Illicit Operation<br><input type="checkbox"/> Locked/Obstructed Exits | <input type="checkbox"/> Hazardous Materials<br><input type="checkbox"/> Open Burning<br><input type="checkbox"/> Overcrowding<br><input type="checkbox"/> Structural Issues<br><input type="checkbox"/> Dead/Dying Vegetation<br><input type="checkbox"/> Utility Hazard | <input type="checkbox"/> Work done without permit<br><input type="checkbox"/> Combustible Waste Storage<br><input type="checkbox"/> Fire Protection systems<br><input type="checkbox"/> Hoarding<br><input type="checkbox"/> Other |
|---|---|--|

### Complaint Description:

### 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:    |          |

*Please submit this form to the Office of Fire Marshal or Fire Chief or Fax (585)394-2706*

### For Fire Inspection Use Only

|                             |       |
|-----------------------------|-------|
| Complaint Entered By:       | Date: |
| Complaint Reference #:      |       |
| Referral to another Agency: |       |