



City of Encinitas  
**CITIZEN'S COMPLAINT FORM**  
*Fire and Life Safety*



*Fire Prevention Bureau  
 505 South Vulcan Avenue  
 Encinitas, California 92024  
 (760) 633-2820 Fax (760) 943-2226*

**Complainant's Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City :** \_\_\_\_\_ **State:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**Location of Alleged Violation:** \_\_\_\_\_

**Violation Description and Supporting Evidence:**


Property owners information, if known:

Name \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I certify under penalty of perjury that the information set forth above is to the best of my ability, true and correct.

\_\_\_\_\_  
 Complainant's Signature Date

NOTE: In order for a complaint to be received by the Fire Department, the complainant must sign this form. This complaint form may be released pursuant to a California Public Records Act Request, a court order, or with the permission of the complainant. If you have any questions, you may contact the Fire Prevention Bureau at (760) 633-2820.

Date Received:	By:
Inspectors Report:	
Action: Taken:	

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_