



# CITY OF EL RENO FIRE DEPARTMENT

## Complaint Form

Please fill out the form to the best of your knowledge and be as specific as possible.

PROPERTY INFORMATION	
Location of hazard:	
Today's Date:	Date hazard was noticed:
Complaint Description:	
<input type="checkbox"/> Yes <input type="checkbox"/> No I would like to be notified of inspection results.	
COMPLAINANT'S CONTACT INFORMATION (THIS INFORMATION IS NOT NEEDED, HOWEVER WILL HELP US CONTACTING YOU IF WE NEED FURTHER INFORMATION.)	
Name:	
Address:	Phone Number:
Owner's Email :	