

Escondido Fire Department Weed Abatement Complaint Form

Please print clearly. Please be sure to sign at bottom.
If you need help to complete this form, call (760) 839-5418.

Reporting Party's Information: ALL FIELDS MUST BE COMPLETED.

First name: _____ Last name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Property of Concern: COMPLETE EVERY FIELD TO THE BEST OF YOUR ABILITY.

Address of property violation if known: _____

Parcel Number if known: _____

Nearest known address or cross street: _____

Describe the fire hazard: _____

Can the fire hazard be seen from the public right-of-way? Yes No

If not, can it be seen from your property? Yes No

Are you willing to meet with a fire inspector if needed? Yes No

Though not necessary for the complaint, photographs available for documentation and location purposes are attached. Yes No

Comments: _____

I have completed the above form to the best of my knowledge and ability.

Signature: _____ Date: _____

Please send completed form to:
Escondido Police & Fire Headquarters – Fire Administration
1163 North Centre City Parkway
Escondido, CA 92026
or fax to (760) 739-7060