



**City of Escondido
Fire Department
1163 North Centre City Pkwy
Escondido, CA 92026**



Weed Abatement Complaint Form

Please print clearly. Please be sure to sign at bottom.
If you need assistance to completing this form, please call (760) 839-5400

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

Although not necessary for the complaint, photographs 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: _____