

Alpine Fire Protection District

FIRE HAZARD COMPLAINT – INSPECTION REQUEST

Date: _____

Complainant

Name: _____ Phone: _____

Address: _____

Type and Location of Hazard

Type of Hazard: _____

Location of Hazard: _____

Owner Name: _____ APN: _____

Address: _____

Phone _____

Date of inspection: _____

Result of inspection: _____

Date of 1ST Notice: _____

Date of Re-inspection: _____

Result of Re-inspection: _____

Date of Final Notice: _____

Date property was posted: _____

Date of "Going Out for Bid" Notice: _____ Comments: _____

Date work was completed: _____

Date invoice sent to owner: _____

Date Lien Notice Filed: _____

Date Lien Released: _____ **Weed Abatement #** _____