



**CHULA VISTA FIRE DEPARTMENT  
FIRE PREVENTION DIVISION**

276 Fourth Ave. Bldg. C, Ste. B-143 CHULA VISTA, CA 91910 PHONE: (619) 691-5029

**WEED ABATEMENT/FIRE AND LIFE SAFETY HAZARD COMPLAINT FORM**

Please print clearly. Please be sure to sign at bottom of form.  
If you need help completing this form call (619) 691-5029

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**REPORTING PARTY'S CONTACT INFORMATION: All fields must be completed**

**\*\*\*\*\*CONFIDENTIAL\*\*\*\*\***

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

\*\*\*\*\*

**PROPERTY OF CONCERN: Complete every field to the best of your ability**

Address: \_\_\_\_\_ Ste/Unit : \_\_\_\_\_ ZIP Code \_\_\_\_\_

Parcel #: \_\_\_\_\_ Cross Street: \_\_\_\_\_

**Describe Fire/Life Safety Hazard:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Circle Yes or No)

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 the fire inspector if needed? \*\*\*\*\* YES NO

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

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please send completed form to:*  
Chula Vista Fire Department | Fire Prevention Division  
276 Fourth Avenue | Bldg 300 | Ste B-143  
Chula Vista | CA | 91910 or  
Fax: (619) 691-5204

**OFFICIAL USE:**  
DATE INSPECTED: \_\_\_\_\_  
INSPECTOR: \_\_\_\_\_  
NOV ISSUED: \_\_\_\_\_  
VIOLATION CONFIRMED: \_\_\_\_\_  
NO ACTION REQUIRED: \_\_\_\_\_