



Gainesville Fire-Rescue
Fire Marshal's Office
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CITIZEN REPORT OF FIRE HAZARD / CODE VIOLATION

Date: ___ / ___ / _____

NAME OF BUSINESS OR OCCUPANCY: _____

ADDRESS OF OCCUPANCY: _____

BRIEFLY DESCRIBE FIRE HAZARD OR CODE VIOLATION:

PERSON REPORTING: _____

ADDRESS: _____

TELEPHONE NUMBER: (____) _____ - _____

EMAIL: _____

DO YOU WISH TO BE RE-CONTACTED IN REFERENCE TO THIS REPORTED FIRE HAZARD / CODE VIOLATION?
YES NO

OFFICE USE ONLY

DATE OF INVESTIGATION: ___ / ___ / _____

ACTION TAKEN:
