

**CITY OF PASADENA - Fire Department
Complaint Inspection Request**

Name of Person Filing Complaint: _____

Address: _____

Phone #: _____

Date & Time: _____

Reported to: _____

Location of Complaint:

Nature of Complaint:

Station:

Report of Action Taken:

Signature of Inspector: _____

Owner Information:

Name: _____

Address: _____

Phone #: _____

Engine Company
Please mail or fax completed Complaint Form to:
Fire Prevention / 199 Los Robles Avenue #550
-or-
Fax to: 626 585-9466