



# Agency Open Burning Referral to DAQ

(Information on this form is considered public record)

## AGENCY CONTACT INFORMATION

Agency Name:		Investigation Date:	
Contact Name:		Phone #:	

## COMPLAINANT CONTACT INFORMATION (Do not complete if complainant is anonymous)

Name:		Date:	
Address:			
		Phone #:	

<b>DIRECTIONS TO BURN SITE:</b>

## SUSPECT INFORMATION

Name:		Phone #:	
Mailing Address:			
		County:	
Burn Site Address:			
		Burn Site County:	

<b>List of Materials Burned and Size or Volume of Materials:</b>

<b>Previous History with your Agency?</b> If Yes, explain when and what :

<b>General Comments</b> (State whether or not suspect admitted to starting the fire):

<b>Did you provide to the suspect any open burning-related literature?</b>	Yes	No
<b>Did the suspect have a Burn Permit?</b>	Yes	No
<b>Did you take photographs?</b>	Yes	No

\*Attach any additional information including incident reports

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