



# SPOKANE VALLEY FIRE DEPARTMENT

Est. 1940

Mike Thompson, Fire Chief  
10319 E. Sprague Avenue  
Spokane Valley, WA 99206  
Phone (509) 928-1700  
FAX (509) 892-4125  
[www.spokanevalleyfire.com](http://www.spokanevalleyfire.com)

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To Whom It May Concern:

Thank you for your request for a fire hazard complaint form. The Spokane Valley Fire Department appreciates the fire prevention help that we receive from concerned citizens.

Enclosed is a complaint form to be completed and returned to our office. As soon as the signed form is received, the complaint is assigned to an inspector. The inspector will visually assess the property in question and determine the fire risk. Following the fire risk assessment by the inspector, you will receive a letter advising you of the results of the inspection.

The three possible results of this inspection are as follows:

1. No fire hazard at this time.
2. Low to moderate risk of fire. Property owner/tenant has been notified.
3. High risk. Owner/tenant has been issued a pre-citation letter and has until \_\_\_\_\_ to comply with the International Fire Code.

Again, thank you for your concern and your fire prevention efforts.

Sincerely,

Kevin Miller  
Fire Marshal

**FIRE HAZARD COMPLAINT**  
SPOKANE VALLEY FIRE DEPARTMENT  
FIRE PREVENTION BUREAU  
10319 E. SPRAGUE AVE.  
SPOKANE VALLEY, WA 99206

**THIS SECTION IS ABOUT THE VIOLATION-BE AS CONCISE AND COMPLETE AS POSSIBLE ONE PROPERTY PER COMPLAINT FORM, PLEASE. COMPLETE ALL SECTIONS OF THIS FORM. (INCLUDING THE BACK). AND RETURN TO THE ABOVE ADDRESS.**

**VIOLATION INFORMATION:**

**ADDRESS OF THE VIOLATION:** \_\_\_\_\_

IF NO ADDRESS IS AVAILABLE, PROVIDE A DETAILED DESCRIPTION:

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

PROPERTY OWNER (IF KNOWN): \_\_\_\_\_

OCCUPANTS OF PROPERTY (IF KNOWN): \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EXPLANATION OF FIRE HAZARD: \_\_\_\_\_

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

**THIS SECTION IS ABOUT YOU, IT MUST BE COMPLETE FOR US TO ACT ON THE MATTER**

**COMPLAINANT INFORMATION: (REQUIRED)**

YOUR NAME: \_\_\_\_\_

YOUR ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
HOME PHONE NUMBER: \_\_\_\_\_ WORK PHONE NUMBER: \_\_\_\_\_

IF NECESSARY, MAY WE HAVE PERMISSION TO ENTER YOUR PROPERTY TO VIEW THE SUBJECT VIOLATION?      YES       NO

**CONFIDENTIALITY PREFERENCE:** If you believe that disclosure of your identity would endanger your life, physical safety, or property, you may request that your identity not be disclosed under Chapter 42.17.310 RCW. Disclosure of information revealing your identity will depend on application of this Chapter (the Public Disclosure Law), other applicable laws and whether the complaint is criminally prosecuted. With those understandings, if you prefer that your identity NOT be disclosed, simply write your initials in the space at the end of this sentence. \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**(SEE BACK OF FORM)**

Please complete the following questions to help determine the risk to your property:

<b>RISK FACTORS OF FIRE HAZARD (To be completed by complainant)</b>				
YES	NO			
		Are there evergreen trees within 10 feet of the hazard?		
		Are there dry weeds or grass three feet tall within 10' of the property line?		
Approximate distance from the hazard to a structure on your property? _____ ft				
Total area of hazard _____ ft x _____ ft = _____ total square footage (length) (width)				
<p><b><i>Spokane Valley Fire Department will inspect the property in question to determine if the adjacent properties are in danger. If a threat to your property is determined, a letter will be sent of the violation with a date set to comply. The property owner will be required to remove/move the hazard 10' from the property line.</i></b></p> <p><b><i>A property owner can be a fire hazard/danger to his/her own property. Action can only be taken if they pose a threat to someone else.</i></b></p>				
<b>TO BE COMPLETED BY SPOKANE VALLEY FIRE DEPARTMENT INSPECTOR</b>				
<b>Inspected by:</b>				<b>Risk Assessment:</b>
<b>Inspection date:</b>	Low	Med	High	
<b>Violation letter sent? Date:</b>	Certified Non-Certified			<b>Rec'd certified letter acknowledgement Date:</b>
<b>Re-inspection Date: (If required)</b>	Low	Med	High	<b>Risk Assessment:</b>
<b>Referral to the County or City?                      Yes                      No</b>				
<b>Completed Date:</b>				