

# FIRE DISTRICT CODE ENFORCEMENT COMPLAINT FORM

Fire District AHJ:  Middleton Rural Fire District  Star Fire Protection District

Address/Area of Complaint:

Property Owner (if known):

Name of Resident (If known/applicable):

Please describe your complaint:

Please indicate the approximate date(s) this violation(s) occurred:

## Complainant Information

Please provide us with your contact information in case there are any questions regarding your complaint.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

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

**[Email Completed form to permits@midstarfire.org](mailto:permits@midstarfire.org)**