

GEORGIA ARSON CONTROL HOTLINE TIP SHEET

Today's Date: _____

Your name: _____ Your Phone Number(s): _____

Your Address: _____

Date of the fire: _____ Type of property: Residential Other Structure Vehicle

Address of the fire: _____

Owner's name: _____ Occupant's name: _____

Name of Business: _____

Brief account of what you know about the fire: _____

Do you have any objections to this information being released to the police, sheriff, or fire departments? Yes No

Would you testify as a witness in court regarding what you know about the fire? Yes No

NOTE: If caller should develop or receive additional information, ask him/her to call back on the hotline number. Please give anonymous callers the Assigned Number as an "ID" for callbacks.

PLEASE E-MAIL, FAX, OR MAIL THIS INFORMATION TO:

E-mail address: arson@mail.oci.state.ga.us

Fax number: 404-657-9831

Or mail to:

Georgia Arson Control Program, Inc.

Post Office Box 956158

Duluth, Georgia 30095-9503

FOR DEPARTMENTAL USE ONLY:

Reviewed by: _____ Date: _____ Assigned number: _____

Forwarded to Officer: _____ Date forwarded to field: _____

Case opened? Yes, case number is: _____

No, information forwarded to: _____