Once you have completed the form, click the button at the bottom to submit or save and email to arson@bakersfieldfire.us.

REPORTING PARTY'S NAME:

RP'S ADDRESS WITH ZIPCODE:

PHONE NUMBER:

ADDRESS WHERE INCIDENT OCCURED:

DECLARATION OF

IN SUPPORT OF THE CITY'S ADMINISTRATIVE CITATION

I, , declare as follows:

1. I have personal knowledge of the facts set forth herein and will testify competently to the facts in this declaration.

2. My personal residence is located at

3. On , I personally observed the use of illegal fireworks at the residence of:

I was able to determine they were illegal fireworks because once the firework was discharged it rose in the air/ and or exploded. On , I contacted the City of Bakersfield Fire Department via Mobile App to make them aware of the use of the illegal fireworks at

I declare under penalty of perjury that the foregoing is true and correct.

Dated: ____ day of , 2021, in Bakersfield, California.

[SIGNATURE OR TYPED NAME]

Once you have completed the form, click the button below to submit.
If pressing the button doesn't open a new window, save and email this form to arson@bakersfieldfire.us:

SUBMIT FORM