

Arson tip form

Date: _____

Location of suspected arson:

Name of Person(s) suspected (if known): _____

Address of suspect

Street number and name: _____

City: _____

State: _____

Zipcode: _____

Your name (optional): _____

Your phone number (optional): _____

Your email address (optional): _____

Detailed Description of Suspected Arson location/incident/Information leading you to believe this is an arson (i.e. witnessed it, overheard conversation regarding, you were involved): _____

After you have completed the form, please click the "Submit by email" button to email the form, or the "Print form" button to print.

Printed forms can be mailed to:

Dearborn Fire Marshal
3160 Oakwood Blvd
Melvindale, MI 48122

For questions, contact the Dearborn Fire Department at 313-943-2839 or 313-943-2884.