



Red, White and Blue Fire Protection District Juvenile Fire Setter Referral Form



Referral Source's Name and Agency: _____

Phone Number: _____ **Date:** _____

Referral Source's Address: _____
Street City Zip

Incident Address: _____
Street City Zip

Juvenile Information:

Name: _____ **Sex:** M () F ()

Age: _____ **D.O.B** _____ **Phone:** _____

Address: _____
Street City Zip

School Currently Attending: _____ **Grade:** _____

Guardian: _____ **Relationship:** _____

Address: _____
Street City Zip

Guardian Phone: _____ **Cell:** _____ **Work:** _____

Where did the incident/fire occur? _____

Items ignited: _____

Ignition Source: Matches () Lighter () Other _____

Other individuals involved in incident: No () Yes () If available please list names and phone numbers below.

Form Completed By: _____ **Incident Number:** _____ **Date:** _____

Fax Referral Form to: Fire Marshal (970) 453-1350

Mail Referral Form to:
Fire Marshal
Red, White, and Blue Fire Protection District
P.O. Box 710
Breckenridge CO 80424