Georgia Arson Control

**NOMINATIONS FOR ARSON REWARD**

**BASIC LOSS INFORMATION**

1. Date of fire loss: Click or tap here to enter text.
2. Location of fire loss: Click or tap here to enter text.
3. Estimated amount of the fire: Click or tap here to enter text.
4. Name of insurance company: Click or tap here to enter text.

**INFORMANT INFORMATION**

1. Candidate’s full name: Click or tap here to enter text.

Social Security # Click or tap here to enter text.

Address: Click or tap here to enter text.

Date of birth: Click or tap here to enter text.

Phone number(s): Click or tap here to enter text.

Does the candidate wish to remain anonymous? Click or tap here to enter text.

Did the candidate come forward on their own or were they located during investigation? Click or tap here to enter text.

Any risk taken by candidate to provide information or testify? (Explain) Click or tap here to enter text.

Did candidate have to testify (If so, explain)? Click or tap here to enter text.

Any relationship between candidate and arsonist? (Explain) Click or tap here to enter text.

**PERSON SUBMITTING NOMINATION**

1. Name: Click or tap here to enter text.
2. Title and Department: Click or tap here to enter text.
3. Address: Click or tap here to enter text.
4. Phone number(s): Click or tap here to enter text.
5. Why do you feel the candidate should receive an arson reward? Click or tap here to enter text.

**REPORTS NEEDED – The following should be submitted with the nomination**

1. Fire investigation report or summary
2. Final court disposition (federal, state or juvenile)
3. Investigation report or summary
4. Copy of candidate’s statement
5. Any other documents available that can provide information for the reward committee.

**COMMENTS:** Click or tap here to enter text.