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Award Program – Nomination Form

The purpose of the Arson Alarm Local Award program is to reduce the crime of arson by eliciting public participation in solving arson crimes. The Arson Alarm Foundation board reserves the right to make awards from program funds when it deems a nominee’s actions have met this purpose

Criteria for making a nomination

- Must be based on information of fires in the state of Washington only
- Will only consider awards after the arrest and/or conviction (conviction is not required)
- Arrest or Conviction must have occurred within a twelve month period prior to nomination
- Nominations must come from a member of the fire, law enforcement, legal agency, insurance industry or anyone deemed appropriate by the Arson Alarm Foundation
- Person being nominated should have been instrumental in the success of the investigation and arrest of those responsible for the fire

Nomination Date ___/___/___

Nominator’s Name: _____ **Title:** _____

Agency: _____

Address: _____

Phone #: (____) _____ - _____

Fax #: (____) _____ - _____

Email Address: _____

Date of Fire: ___/___/___ **Location:** _____
 (City) (County)

Responding/Participating Fire Department: _____

Date of Arrest or Filing of Charges: ___/___/___

Nominee’s Name: _____

Nominee’s Phone #: (____) _____ - _____

The nominator may withhold the identity of the nominee:

1. If the nominator feels direct physical harm or acts of retribution could result from public knowledge of the informant’s identity.
2. If the release of the informant’s identity would jeopardize fire investigations or legal procedures.

Circumstances Leading to Nomination:

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