



**Office of the State Fire Marshal
State Fire Marshal**

560 Jefferson Boulevard, Warwick, RI 02886
Telephone: (401) 889-5555 — Fax: (401) 889-5533

Elizabeth Tanner, Esq.
Director
Department of Business Regulations

Timothy P. McLaughlin
State Fire Marshal
Office of the State Fire Marshal

BLASTING COMPLAINT FORM

(Please complete within 30 days of incident and send either by mail or fax as listed above)

Complainant's Name: _____ Phone Number: _____

Complainants Email Address: _____

Complainant's Address: _____
Street Address City State Zip

Date of Incident: _____ Time of Incident: _____

Location of Blasting Site: _____
Street Address City State Zip, Or Proximate Address if not known

Name of Blasting Company or Business (If Known): _____

Description of Incident: _____

IF ALLEGING DAMAGE, PLEASE COMPLETE THE FOLLOWING:

Type of Damage: _____

Location of Damaged Property: _____

Property Owner's Name: _____ Phone Number: _____

Property Owner's Address: _____
Street Address City State Zip

Was a Pre-Blast Survey done on this property prior to the start of blasting? YES / NO

Were you notified by the blasting company within 24 hours prior to the blasting? YES / NO

Do you have any before and after documentation, such as pictures or video? YES / NO

CERTIFICATION OF DAMAGE – PLEASE READ AND SIGN

Pursuant to R.I.G.L 11-18-1, I declare under the pains and penalty of perjury that the statements and information provided herein are true as of the date of this complaint. I am aware that there are significant penalties for submitting false information including fines, civil penalties, and imprisonment.

Signature of Property Owner: _____ Date Signed: _____

Date received by the Division of State Fire Marshal: _____ Call Number: _____