



North Charleston Fire Department
Youth Firesetter Referral Form



Referral Source's Name and Agency: _____

Phone Number: _____ Date: _____

Referral Source's Address: _____

Street City Zip

Incident Address: _____

Street City Zip

Youth Information:

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

Age: _____ DOB: _____ 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: _____

Please send referral to Fire and Life Safety Educator Laura Kondor (843-740-2647)
 Email: LKondor@northcharleston.org
 Mail: North Charleston Fire Department
 2500 City Hall Lane
 North Charleston, SC 29406