



Arson Watch Reward Program

c/o MPIUA
2 Center Plaza - 8th Floor
Boston Massachusetts 02108-1904

617-723-3800
800-851-8978
www.arsonwatchrewardprogram.org

REWARD APPLICATION

TODAY'S DATE

NOMINATORS NAME

TITLE

DEPARTMENT

TELEPHONE NUMBER

ADDRESS

CITY/TOWN

STATE

ZIP CODE

LOCATION OF FIRE

ADDRESS-CITY/TOWN

STATE

DATE OF FIRE

INSURANCE COMPANY

ADDRESS

INSURANCE COMPANY CONTACT

ESTIMATED AMOUNT OF LOSS

NAME OF ACCUSED (IF APPLICABLE)

DATE OF CONCLUSION OF
ANY CRIMINAL CASE

LEGAL JURISDICTION/DISPOSITION/SENTENCE REMARKS

NOMINEE

NAME

ADDRESS

CITY/TOWN

STATE

ZIP CODE

OR SEVEN-DIGIT NUMBER TO MAINTAIN ANONYMITY

REASON FOR ANONYMITY



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I NOMINATE _____ TO BE CONSIDERED FOR THE ARSON WATCH REWARD PROGRAM BECAUSE OF THE FOLLOWING:

Comments: