



**ILLINOIS ADVISORY COMMITTEE
ON ARSON PREVENTION
ARSON AWARD NOMINATION**

ILLINOIS ARSON AWARD NOMINATIONS

Arson Award nominations will be accepted from Illinois law enforcement and fire service agencies, State's Attorneys, State Fire Marshal or officers of an insurance company licensed to do business in Illinois.

Following final disposition of a case, awards may be paid for information that has:

- Been a significant contribution to an arson investigation which leads to the case being cleared by arrest or exceptional circumstances, or
- Reduced the loss or potential loss of life and property through arson, or
- Led to an arrest and/or conviction of the arson perpetrator or conspirator.

Nomination should be sent to:

Gordon Balsano
Illinois FAIR Plan Association
P.O. Box 81469
Chicago, IL. 60681-0469
(312) 861-0385 ext. 232
Email: gbalsano@illinoisfairplan.com

Law enforcement employees, members of the fire service, Office of the State Fire Marshal (or their agents), public officials, state's attorney personnel, insurance industry employees, members of the Committee and the families of all aforesaid individuals shall be ineligible for monetary awards. However, special recognition awards to organizations or their members, because of their significant contribution to arson suppression, prevention or investigation in Illinois may be made in the form of plaques, equipment or scholarships.

Complete authority for the approval or rejection of a nominee for an award shall be vested in the Committee. The decision and determinations of the Committee in this regard will be final and binding on all parties.



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Nominator's Name & Title (Please print) _____

Agency _____ Phone Number _____

Address _____

FIRE INCIDENT INFORMATION

Date of Fire _____ Location of Fire _____
Street Address and City _____

Name of Property Owner(s) or Business Title _____

Insurance Company and Agent _____

Estimated Loss _____ Injury/Fatality Information _____

PERPETRATOR INFORMATION

Name _____ Date of Arrest _____

Court & County with Jurisdiction _____

Result of Hearing _____

NOMINEE INFORMATION

Name _____ Age _____ Phone Number _____

Address _____

Citizen _____ Wishes to remain anonymous Professional (not eligible for cash award) _____

Was _____ Was not _____ needed to testify as witness in court.

NOMINATION

I, _____, nominate _____
Signature Print

Date _____

**ATTACH A LETTER WITH DETAILS OF INCIDENT AND AN EXPLANATION AS TO WHY THE NOMINEE
DESERVES THIS AWARD CONSIDERATION**