



# Hudson Volunteer Fire Department, Inc.

3731 Ted Trout Dr.  
Hudson, Tx. 75904  
936-875-4728

*"Our Family Protecting Your Family"*

## CONSENT TO SEARCH

State of Texas  
County of Angelina

I \_\_\_\_\_ Hereby grant my consent to the Division of Life Safety of the Hudson Fire Department Hudson, Texas on this day \_\_\_\_\_ Time \_\_\_\_\_ Place \_\_\_\_\_ To search the following for fire origin and cause determination.

Vehicle, Type \_\_\_\_\_ Make \_\_\_\_\_  
Model \_\_\_\_\_ Color \_\_\_\_\_  
License Plate \_\_\_\_\_ VIN \_\_\_\_\_

*I understand that this includes all containers with in the vehicle or immediate surrounding area of the vehicle.*

House, Apartment, Building or Room  
Location: \_\_\_\_\_  
Address: \_\_\_\_\_  
Color: \_\_\_\_\_  
Occupied: \_\_\_\_\_

*The reason for this search, will be that the Division of Life Safety of the Hudson Fire Department may attempt to determine the cause and/or origin of the fire that is directly associated with the person(s) and properties listed above.*

*I understand and have been made aware I have the right to refuse the search at any time and at this time I Refuse to sign this form.*

*I have been read my rights and fully understand those rights. I agree no threats of force, or physical and or mental coercion or threats were made or used to get me to sign this form.*

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Male / Female Black White Hispanic Asian Other  
Witness \_\_\_\_\_

Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_

Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_