



Malta & McConnellsville Fire Department

Division of Fire

FIRE REPORT REQUEST

TODAY'S DATE: _____

DATE OF INCIDENT: _____

NAME OF REQUESTOR/ADDRESS & PHONE # (please print)

LAST FIRST

ADDRESS

CITY STATE ZIP CODE

SIGNATURE OF REQUESTOR _____

ADDRESS OF INCIDENT (ALSO INCLUDE DATE & TIME WHEN KNOWN)

ADDRESS

DATE TIME

REASON FOR REQUEST (circle one or more):

VICTIM

INSURANCE REPRESENTATIVE

OWNER

NEXT OF KIN

ATTORNEY

OTHER (Explain) _____

REPORT(S) REQUESTED (Structure or Vehicle Fire, etc.): FIRE

EMPLOYEE RELEASING REPORT(S):

EMPLOYEE NAME

OTHER PERTINENT INFORMATION: _____
