

Request For Investigation Report



Requester's Name	
Requestor's Relationship	
Company	
Mailing Address	
City, State, Zip	
Phone:	

Date of Loss	
Location of Loss	
Owner	
File Number	
Type of Loss	

To Whom It May Concern:

Please accept this as my official request for a Fire Marshal's Report for the incident that occurred at the location above

Report Summary Only	COMPLETE COPY OF REPORT	PHOTOGRAPHS
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments: _____

By signing below I understand that there may be a cost to receive the records being requested, no information will be faxed or e-mailed back and the information may not be available right away. Should I fail to pay cost incurred I will not be eligible for further requests until said costs are paid.

*The Medical Examiner reports and other law enforcement agency reports will not be released by the Fire Marshal's Office contact these agencies to obtain a copy of those reports. **AUTOPSY AND VICTIM PHOTOS WILL NOT BE RELEASED.***

Signature of Requestor
Electronic Signature Accepted _____

Date Signed _____

FIRE MARSHAL'S OFFICE USE	TYPE OF REQUEST
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The following information pertaining to the case listed can be released to the person noted above.

Report Summary Only	COMPLETE COPY OF REPORT	PHOTOGRAPHS
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

No information is available at this time: _____

Comments: _____

Date of Investigation	
Case Number	
Investigator	

Date Request Received	
Date Sent to Investigator	
Date Mailed	

Investigator's Signature _____

Supervisor's Signature _____