

CLAY FIRE TERRITORY

Incident Report Request Form

INCIDENT INFORMATION

Date of Request: _____ Date of Incident: _____

LOCATION OF INCIDENT:

Street Address or Closest known location _____

City / State / Zip _____

Name of Business if applicable _____

TYPE OF INCIDENT:

- Fire
 Medical
 Motor Vehicle Crash
 Other _____
Please Specify

NAME OF REQUESTER

Name _____

Business Name _____

Street Address _____

City / State / Zip _____

Phone _____

Signature _____

SEND REPORT TO THE FOLLOWING

- Same as Requester

Name _____

Business Name _____

Street Address _____

City / State / Zip _____

Phone _____

Complete and return this form along with \$5.00 per copy requested to:

Clay Fire Territory
Attn: Records
18355 Auten Rd
South Bend, IN 46637

PLEASE ALLOW 7-10 BUSINESS DAY FOR PROCESSING