Fern Creek Fire Protection District
Incident Report Request

Incident date: _____

Incident Address: _____

Incident Type (Check one): ☐ Fire ☐ Medical Assistance

Name (first, middle initial and last): _____

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone: _____

Requesting Party is the:

☐ Owner
☐ Owner's Attorney
☐ Owner's Insurance Agent
☐ Occupant/Tenant
☐ Occupant/Tenant's Attorney
☐ Occupant/Tenant's Insurance Agent
☐ Beneficiary of Deceased Patient
☐ Other:

For Insurance Company Representatives:

Insurance Company Name: _____

Person(s) Represented: _____

Policy Claim Number: _____

FOR OFFICE USE ONLY

Request Received by: _____ Date: _____

Incident Number: _____ Date Released: _____