



# 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: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Request Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Incident Number: \_\_\_\_\_ Date Released: \_\_\_\_\_