



# MAPLEWOOD FIRE DEPARTMENT

ATTN: Fire Records

1955 Clarence Street, Maplewood, MN 55109

Office: 651-249-2801 / Fax: 651-249-2809



## Fire Incident Report Request Form

### **SECTION A** **CUSTOMER INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Signature \_\_\_\_\_

OFFICE USE ONLY

Date Received: \_\_\_\_\_

Incident No: \_\_\_\_\_

Accepted By (Initials): \_\_\_\_\_

**Note :** Please make sure you complete this form and attach any required documents.

### **SECTION B** **REQUEST FIRE INCIDENT REPORT**

House No \_\_\_\_\_ Street Name \_\_\_\_\_ Apt(s) \_\_\_\_\_

(Note: If you are requesting Section C, do not fill out the remaining section below)

INCIDENT DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ INCIDENT REPORT NO. (If available) \_\_\_\_\_

**Please check the incident type below (choose only one box):**

- Building
- Transportation - Type: \_\_\_\_\_ Make: \_\_\_\_\_ Plate: \_\_\_\_\_
- Outdoors (provide description) - \_\_\_\_\_
- Non-Fire Emergency (provide description) - \_\_\_\_\_

### **SECTION C** **REQUEST PROPERTY REPORT**

Please indicate the period to be searched:

From: \_\_\_\_/\_\_\_\_/\_\_\_\_

To: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Note :** We will only provide reports for the incidents found for the time period requested.