



# WILLIAMSPORT VOLUNTEER FIRE COMPANY

## REQUEST FOR FIRE INCIDENT REPORT

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### **INSTRUCTIONS:**

Please provide ALL requested information so that we may process your request.

### **REPORT SHOULD BE MAILED TO:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

DAY PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

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### **INCIDENT INFORMATION:**

INCIDENT DATE: \_\_\_\_\_ INCIDENT TIME: \_\_\_\_\_

INCIDENT LOCATION (STREET ADDRESS, INTERSECTION, ETC) \_\_\_\_\_

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TYPE OF INCIDENT: (DWELLING FIRE, CAR FIRE, HAZARDOUS MATERIALS)

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### **REQUIRED PAYMENT:**

- CHECK OR MONEY ORDER IN THE AMOUNT OF \$ 25.00 PAYABLE TO :  
"WILLIAMSPORT VOLUNTEER FIRE COMPANY"

PLEASE SEND THIS FORM AND YOUR CHECK OR MONEY ORDER TO:

**FIRE CHIEF  
WILLIAMSPORT VOLUNTEER FIRE COMPANY  
POST OFFICE BOX 422  
WILLIAMSPORT, MARYLAND 21795**

IF YOU HAVE ANY QUESTIONS YOU MAY CONTACT THE FIRE CHIEF  
@ 301-223-9500