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

REPORT SHOULD BE MAILED TO:

NAME: ________________________________________________________________
ADDRESS: ________________________________________________________________

day phone: __________________ eveninG phone: __________________

INCIDENT INFORMATION:

INCIDENT DATE: __________________ INCIDENT TIME: ______________

INCIDENT LOCATION (STREET ADDRESS, INTERSECTION, ETC) ______________________

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

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

Additional information can be obtained at www.williamsportfire.org