



## WILLIAMSPORT VOLUNTEER FIRE & EMS 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: \_\_\_\_\_

\_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

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

### **INCIDENT INFORMATION:**

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

INCIDENT LOCATION (STREET ADDRESS, INTERSECTION, ETC)

\_\_\_\_\_

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 AND EMS"

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

**REPORT REQUEST  
WILLIAMSPORT VOLUNTEER FIRE AND EMS  
2 BRANDY DRIVE  
WILLIAMSPORT, MARYLAND 21795**

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