Salem Fire Department
Fire Report Request
($10.00)

Date: _____

To whom it may concern:

I am requesting a copy of the Fire Report for the following address:

Owner/Occupant Name: _____

Address of the Fire: _____

_____

Date of the Fire: _____

Requestor's Name (Please print): _____

Requestor's Mailing Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

Requestor's Affiliation: ❑ Owner ❑ Occupant ❑ Insurance Rep. ❑Other (Explain) _____

Requestor's Signature: _____

FOR OFFICE USE ONLY:					
How Paid:	Cash	Check #	Debit/Credit	Amount Paid	$
Additional Charges if applicable: Photos, FAX, Electronic					$
37202500	32695	372402	795.09		

Payment Received By: _____ Date _____

Salem Fire Department – 370 Trade St SE, Salem OR – 503-588-6245
salemfire@cityofsalem.net