

FAX COMPLETED & SIGNED REQUEST FORM
TO: 636-272-7857 (Attn: K. Lucido)
OR Email to: klucido@ofallonfire.org

Date of Request: _____, 20__



**O'FALLON FIRE PROTECTION DISTRICT
RELEASE OF INFORMATION FORM**

*(Use this form to request an incident report where
O'Fallon Fire Protection District crew(s) responded)*

DATE OF INCIDENT: _____ **Year:** _____ **Approx Time:** _____

TYPE OF INCIDENT: ___ **Structure** ___ **Vehicle** ___ **Medical**
___ **Other** **Explain:** _____

INCIDENT ADDRESS: _____

REQUESTOR'S NAME: **Last:** _____, **First:** _____

REQUESTOR'S ADDRESS: _____

REQUESTOR'S PHONE: (____) _____ **FAX:** (____) _____

EMAIL ADDRESS: _____

INCIDENT REPORT (when available) SHALL BE:

___ ***Faxed to Requestor*** ___ ***Mailed to Requestor*** ___ ***Picked-up by Requestor***

INSURANCE CO NAME: _____

INSURANCE AGENT NAME: _____

INSURANCE AGENT PHONE#: (____) _____ **FAX:** (____) _____

OCCUPANT NAME: _____ **PHONE:** (____) _____

OWNER (if different from Occupant): Name: _____

Address: _____ **Phone:** (____) _____

I, (Name) _____, as (Owner/Occupant/Insurance Agent, etc) _____ for the above property, authorize release of information relating to this incident to the O'Fallon Fire Protection District. Information requested by O'Fallon Fire Protection District may include investigation results, and claim settlement amounts for the primary purpose of completing the incident report.

REQUESTOR'S SIGNATURE: _____ **DATE:** _____

FOR OFPD USE ONLY

REQUESTED REPORT RELEASED: _____, 20__ . Signed _____