

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

Date of Request: _____, 20__



Press button to
Clear Form

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: _____, 2018. Signed _____