



## FIRE REPORT REQUEST FORM

To: Town of St. John  
Attn: Fire Department  
11033 West 93<sup>rd</sup> Avenue  
St. John, IN 46373

Date Requested: \_\_\_\_\_

### INCIDENT IDENTIFICATION

Incident Address: \_\_\_\_\_

Incident Date: \_\_\_\_\_

### AGENCY REQUESTING REPORT

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### INDIVIDUAL REQUESTING REPORT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

***As per Town of St. John Ordinance # 1594:***

***\$5.00 fee for Certification of Documents  
AND***

***\$0.10 cents per page for black/white copies or \$0.25 per page for color copies.***

***Please make payable to the Town of St. John.***