FIRE REPORT REQUEST

To: Town of St. John
Attn: Fire Department
11033 West 93rd Avenue
St. John, IN 46373
astevens@stjohnin.gov

Date Requested:_____

INCIDENT IDENTIFICATION

Incident Number:_____

Incident Address:_____

Date of Incident:_____

AGENCY REQUESTING REPORT

Agency:_____

Address:_____

City:_____State:_____Zip: _____

Telephone Number: _____

INDIVIDUAL REQUESTING REPORT

Name:_____

Address:_____

City:_____State:_____Zip:_____

Telephone Number: _____

Signature:_____

Relationship:_____

Date Signed: _____

As per Town of St. John Ordinance # 1801:

$25.00 fee for Certified Copies of Fire Reports

Please make payable to the Town of St. John.