

# Request for Fire Incident Report

Date of incident \_\_\_\_\_

Location of incident \_\_\_\_\_, Fair Lawn, NJ

Person requesting this report: \_\_\_\_\_

Address \_\_\_\_\_

phone # \_\_\_\_\_ FAX # \_\_\_\_\_

Fire Incident Report is to be sent to (if different than above)

Name \_\_\_\_\_ FAX # \_\_\_\_\_

Address \_\_\_\_\_

This request is solely for the Fire Incident Report prepared by the Fair Lawn Fire Department. Request for any other related report (e.g., Police, EMS, HAZMAT) shall be obtained directly from the respective Agency.

This request is to be sent (not faxed) to -  
Fair Lawn Fire Prevention Bureau (phone 201-794-5408)  
8-01 Fair Lawn Avenue, Fair Lawn, NJ 07410

*along with a \$5.00 check payable to "Borough of Fair Lawn."*

\_\_\_\_\_  
requestor's signature