



East Brentwood Fire Department

Records

26 Fulton Street
Brentwood, New York 11717
(631) 273-4560



Fire Incident Report Request Form

SECTION A

CUSTOMER INFORMATION

Please print the required information below.

Name _____

Address _____

State _____ Zip Code _____

Telephone Number _____

OFFICE USE ONLY
Cashier / Search No. _____
Staff Accepted By/Initials: _____
Searched By: _____
Total Amount: _____

Note: Please make sure you complete this form and attach all necessary documents. Enclose a check or money order made payable to the **East Brentwood Fire Department**. Mail checks or money orders directly to the address and unit listed above. **DO NOT MAIL CASH.**

SECTION B

REQUEST FIRE INCIDENT REPORT FEE \$20.00 / PER REPORT

Please print the required information below.

House No _____ Street Name _____ Floor(s) _____ Apt(s) _____ Box # _____

INCIDENT DATE ____/____/____ INCIDENT REPORT NO. (If available) _____

Please check the incident type below (choose only one box):

- Building**
- Transportation - Type: _____ Make: _____ Plate: _____**
- Outdoors (provide description) - _____**
- Non-Fire Emergency (provide description) - _____**

SECTION C

SIGNATURE

I, _____, acknowledge that I have provided accurate information regarding this request. Failure to provide the necessary information will result in a delay or dismissal of the request. I understand that each fire report is \$20.00, payable to East Brentwood Fire Department.

Signed: _____ Date: ____/____/____

Note: Requests will be responded to within 10 business days.