



# WASHINGTON TOWNSHIP/AVON FIRE DEPARTMENT

**DIVISION OF FIRE PREVENTION**  
311 Production Drive, Avon, IN, 46123

## REQUEST TO REVIEW FIRE REPORT

Fire Report Number: \_\_\_\_\_ Case Number: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Time of Request: \_\_\_\_\_

I, \_\_\_\_\_  
(Please Print Full Name)

\_\_\_\_\_ (Please Print Title of Position)

of \_\_\_\_\_,  
respectfully request permission to review your report(s) of the fire/explosion investigation as a result of the incident that took place at:

\_\_\_\_\_  
(Address) (City) (Country) (State) (Zip Code)

That occurred on \_\_\_\_\_ at \_\_\_\_\_ .  
(Date) (Time)

I understand that these reports contain privileged and confidential information, and I will utilize the information contained therein strictly for official purposes only and will not in any way, compromise or divulge this information to any person or agency that does not have a legal right or otherwise legitimate purpose to be privy to this information under penalty of the law, and shall hold the information in the strict confidence until such time as its release is required pursuant to criminal or civil proceedings.

\_\_\_\_\_  
(Insurance Company Name)

\_\_\_\_\_  
(Signature of Requesting Representative)

\_\_\_\_\_  
(Claim Number)

\_\_\_\_\_  
(Printed Name of Requesting Representative)

\_\_\_\_\_  
(Policy Number)

\_\_\_\_\_  
(Title of Position of Representative)

\_\_\_\_\_  
(Type of Insurance)

\_\_\_\_\_  
(Company or Agency)

\_\_\_\_\_  
(Policy Term or Effective Dates)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Signature of Official Releasing Information)

\_\_\_\_\_  
(Rank or Title)

\_\_\_\_\_  
(Date)

**\*\*Please make checks payable to the Washington Township/Avon Fire Department in the amount of \$5.\*\***