

FAX COMPLETED & SIGNED REQUEST  
FORM TO: 636-272-7857 (Attn: A. McCulloch)  
OR Email to: amcculloch@ofallonfire.org



Date of Request: \_\_\_\_\_, 20\_\_

## O'FALLON FIRE PROTECTION DISTRICT RELEASE OF INFORMATION FORM

(Use this form to request an incident report where  
O'Fallon Fire Protection District crew(s) responded)

DATE OF INCIDENT: \_\_\_\_\_ Year: \_\_\_\_\_ Approx Time: \_\_\_\_\_

TYPE OF INCIDENT: \_\_\_\_\_ Structure \_\_\_\_\_ Vehicle \_\_\_\_\_ Medical  
\_\_\_\_\_ Other Explain: \_\_\_\_\_

INCIDENT ADDRESS: \_\_\_\_\_

REQUESTOR'S NAME: Last: \_\_\_\_\_, First: \_\_\_\_\_

REQUESTOR'S ADDRESS: \_\_\_\_\_

REQUESTOR'S PHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### INCIDENT REPORT (when available) SHALL BE:

\_\_\_\_\_ Faxed to Requestor \_\_\_\_\_ Mailed to Requestor \_\_\_\_\_ Picked-up by Requestor

INSURANCE CO NAME: \_\_\_\_\_

INSURANCE AGENT NAME: \_\_\_\_\_

INSURANCE AGENT PHONE#: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

OCCUPANT NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

OWNER (if different from Occupant): Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

I, (Name) \_\_\_\_\_, as (Owner/Occupant/Insurance Agent,  
etc) \_\_\_\_\_ for the above property, authorize release of information relating to this  
incident to the O'Fallon Fire Protection District. Information requested by O'Fallon Fire Protection District may  
include investigation results, and claim settlement amounts for the primary purpose of completing the incident  
report.

REQUESTOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### FOR OFPD USE ONLY

REQUESTED REPORT RELEASED: \_\_\_\_\_, 20\_\_ Signed \_\_\_\_\_