

South Metropolitan Fire Protection District
Fire Marshal Office
Box 467
Raymore, MO 64083
816-331-3008

REQUEST FOR INCIDENT REPORT

Fire Incident reports are Public record. Please indicate your relationship to the incident. The Incident report will basically cover that we did responded on the date to a listed address. Narrative information is only available with a Subpoena.

a. Victim, b. Insurance company, c. Attorneys involved in the Incident, d. Other _____

Fire Investigation reports cost \$10.00 per report. If sending a check please make it payable to SMFD.

I, _____ hereby request a copy of the below checked type of report.

(Print name)

Mailing address: _____ City: _____ State/Zip: _____

Contact phone number: _____

Incident date: ____/____/____ Address of Incident: _____

Type of report requested:

- A. _____ Fire report (List type of incident _____)
- B. _____ Inspection report
- C. _____ Origin and Cause briefing report/Complete Investigation reports for Origin & Cause are not public record.
- D. _____ Haz/Mat
- E. _____ Other _____

Please check the category that best describes yourself in relation to the incident.

- a. _____ Victim
- b. _____ **Insurance company-List company name, contact & Claim number _____
- c. _____ Attorney Contact information _____
- d. _____ Other please list _____

** Insurance requests may require an Arson Immunity letter as per RSMO 320.081.

FIRE DISTRICT USE ONLY

SM Incident # _____

Owner name _____

File Name _____

Mail/Pick up date: _____

Incident _____

Inspection _____

Investigation _____