



**NORTHLAKE FIRE PROTECTION DISTRICT  
REQUEST FOR FIRE/INCIDENT REPORT**

**TODAY'S DATE:** \_\_\_\_\_

To request a Fire or Incident Report-that does not involve medical information, complete the following form. There is a processing fee of \$21.50 for each request submitted; the fee is waived for requests from property owners or residents.

DATE OF INCIDENT: \_\_\_\_\_ APPROXIMATE TIME OF INCIDENT \_\_\_\_\_

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

TYPE OF FIRE: \_\_\_\_\_ VIN/LIC PLATE #: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_

YOUR ADDRESS: \_\_\_\_\_

YOUR PHONE NUMBER: (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_

FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

**CHECK ONE:**

OWNER OF PROPERTY

TENANT

INSURANCE ADJUSTER/INVESTIGATOR REPRESENTING \_\_\_\_\_

ATTORNEY REPRESENTING \_\_\_\_\_

OTHER (STATE RELATIONSHIP) \_\_\_\_\_

INSURANCE INFORMATION: POLICY # \_\_\_\_\_ CLAIM # \_\_\_\_\_

FULL NAME OF INSURANCE COMPANY/LAW FIRM \_\_\_\_\_

ADDRESS OR PHONE # OF INSURANCE CO/LAW FIRM: \_\_\_\_\_

*SIGNATURE OF PERSON REQUESTING REPORT:* \_\_\_\_\_

Mail or deliver completed form to Northlake Fire Protection District, 118 E. Parkview Drive, Northlake IL 60164

**\*PLEASE NOTE: Requests will generally be fulfilled within 5-7 business days upon receipt of the completed form and the fee of \$21.50 (if applicable).**

NORTHLAKE FIRE OFFICE USE ONLY		
Date Received:	<input type="checkbox"/> Date Released: <input type="checkbox"/> Check Received	Ck#
<input type="checkbox"/> No records <input type="checkbox"/> Check Returned	Comments:	