

Montgomery County Fire Marshal's Office Request for Investigative Report



Fax #: 936-538-8277

Today's Date: _____

Please Provide Information for the incident:

Date of Incident: _____ Case #: _____

Address of Incident: _____

Type of Fire: _____

Your Name: _____ Business Name: _____

Your Address: _____

Phone #: _____ Ext: _____ Fax#: _____

Check One:

- Owner of Property
- Occupant
- Insurance Adjuster/Investigator Representing: _____
- Attorney Representing _____
- Other _____

Insurance Company Information: Name: _____

Phone #: _____

Adjusters Name: _____

Insurance Information: Policy #: _____ Claim #: _____

Reason for Request: _____

Signature of Person Receiving Report: _____

*** Note: Requests will be filled as soon as the case report becomes available. Requests will be processed in the order received.

MCFMD Use Only

Date Received: _____ Date Released: _____

Status: Pending No Records Completed

Item	Quantity	Amount Each	Total
Public Report			
Detailed Report			
Photos CD/DVD		\$25.00	

Signature of Individual Releasing Requested Information: _____