



Jeffersontown Fire Protection District

Incident Report Request

Please read the information on Page 2 before completing.

Incident Date:			
Incident Address:			
Incident Type:			
Fire	Medical Assistance	Hazardous Materials	Other:

Person and Business/Agency Requesting Report

Name (first, middle initial and last):			
Business Name:			
Mailing Address:			
City:		State:	ZIP
Daytime Telephone:			
Insurance on Damages:	Yes	No	

Requesting Party is the:

Owner	Owner's Attorney
Owner's Insurance Agent	Occupant/Tenant
Occupant/Tenant's Attorney	Occupant/Tenant's Insurance Agent
Beneficiary of Deceased Patient	Other:

For Insurance Company Representatives

Insurance Company Name:			
Person(s) Represented:			
Policy Claim Number:			

~~~~~ For Office Use Only ~~~~~

|                                              |         |                |  |
|----------------------------------------------|---------|----------------|--|
| Incident Number:                             |         | Date Provided: |  |
| Request Received by (print):                 |         | Date:          |  |
| Authorized by (FD representative signature): | X _____ | Date:          |  |

## ***Incident Report Request Instructions***

If completing this form manually, please print all information.

This report may be submitted in the following formats after completion:

1. US Mail (Please include a self-addressed stamped envelope):

Jeffersontown Fire Protection District  
10540 Watterson Trail  
Jeffersontown, KY 40299

2. Electronically:

Complete this form using Acrobat Reader, then submit by clicking on the "Submit by Email" button in the top, right-hand corner of Page 1.

3. Email:

Print this form and complete it manually. Once completed, scan the form and email it to:  
[jsebastian@jeffersontownfire.com](mailto:jsebastian@jeffersontownfire.com).

4. Fax:

Print this form and complete it manually. Once completed, fax the form to: 502.267.5217.

Please allow up to three (3) business days for response to the incident report request. Thank you.