

SOUTHINGTON FIRE DEPARTMENT

FIRE REPORT REQUEST

Date of Incident: \_\_\_\_\_

Address of Incident: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Mail this request form with a self-addressed envelope and \$10.00 report fee to:

Southington Fire Department  
P.O. Box 289  
Southington, CT 06489