

**APPLICATION FOR FIRE AND/OR
RESCUE REPORT**

**PLEASE DO NOT FILL OUT AN APPLICATION IF YOU ARE NOT CERTAIN OF YOUR DATA.
INSUFFICIENT, WRONG OR VAGUE INFORMATION MAY RESULT IN A NEGATIVE REPORT.**

CITY OF PHILADELPHIA
DEPARTMENT OF RECORDS

— PLEASE PRINT —

PARTY REQUESTING REPORT (NAME OF APPLICANT)

APPLICATION DATE

REPORT TO BE MAILED TO (COMPLETE ADDRESS INCLUDING NAME, COMPANY, STREET ADDRESS AND ZIP CODE)

TELEPHONE NUMBER OF APPLICANT

COMPLETE THIS BLOCK FOR FIRE REPORT:

DATE OF FIRE	TIME	ADDRESS OF FIRE
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COMPLETE THIS BLOCK FOR MEDIC UNIT REPORT:

DATE OF SERVICE	TIME	NAME OF INJURED PARTY
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LOCATION OF INCIDENT (EXACT STREET LOCATION WHERE INCIDENT OCCURRED)

FEE (for search and/or copy—\$10.00) — NOT REFUNDABLE

TO APPLICANT: THIS IS A COPY OF THE APPLICATION FORWARDED TO THE FIRE DEPARTMENT: Your report will be prepared and mailed directly to you by the Fire Department. If you have inquiries, please call the following Fire Department Telephone Number: (215) 686-1366.

IF YOU HAVE A DISABILITY AND REQUIRE AN ACCOMMODATION IN ORDER TO COMPLETE THIS FORM AND/OR TO PARTICIPATE IN A PROGRAM OR SERVICE, CONTACT THE ADA COORDINATOR AT 686-2263.

82-311 (Rev. 10/96) REFER TO THE APPLICATION NUMBER · PLEASE DO NOT CALL DEPARTMENT OF RECORDS

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