Amissville Volunteer Fire & Rescue Company, Inc.

Records **Request**

PO Box 147

Amissville, VA 20106

(540) 937-7023

Incident Report Request Form

Section 1

Customer Information – Please Print

Name

Address

State Zip Code

Telephone No.

Email Address

OFFICAL USE ONLY

Search No. _____

Searched by _____

Section 2

INCIDENT REQUEST REPORT

Incident Number

Date of Incident

Report Requested (FIRE) – (EMS) – (BOTH)
(Select One)

Location \ Incident Address (Provide Full Address)

Please check the incident type below (choose only one box):

☐ **Building**

☐ **Transportation - Type:** _____ **Make:** _____ **Plate:** _____

☐ **Outdoors (provide description) -** _____

☐ **Non-Fire Emergency (provide description) -** _____

Important Note: All requests will be responded to within 15 business days.

Photo ID required.