

# GLOUCESTERSHIRE FIRE & RESCUE SERVICE

## Application for an Incident Report

Name

Address

Telephone contact:

Payment enclosed: Y/N

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**Section A of this form is to be completed by the person requesting the Incident report**

**Section B must be completed by the person who owns the property involved in the incident at the time it occurred ( this is the person referred to in Section A )**

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<b>SECTION A</b>
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Date of incident: \_\_\_\_\_ Time of incident (if known): \_\_\_\_\_

Name of Occupier at time of Incident: \_\_\_\_\_

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

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**Relationship to Occupier \* - Please tick:**

(\*Note that Occupier refers to the person(s) occupying the property at the time of the incident)

**Insurance Agent /Company**

**Landlord of Occupier**

**Occupier**

**Legal representative of Occupier**

**Legal representative of 3<sup>rd</sup> Party**

**Insurance Assessor (for the occupier)**

**Insurance Assessor (for the occupiers' insurance company)**

**Other** (please specify exact relationship and reason for request below – continue on separate sheet if required)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_

**SECTION B**

Declaration: - I give Gloucestershire Fire & Rescue Service permission to provide the above person / Organisation with a copy of their Fire Report, which contains personal information about me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Contact Tel. No: \_\_\_\_\_