



Fire Incident Report Request Form
City of Marco Island Fire Rescue Department

50 Bald Eagle Dr
Marco Island, FL 34145
(239)389-5040

<http://www.cityofmarcoisland.com/index.aspx?page=140>

Note: Please make sure you complete this form, providing as much information as possible. Lengthy reports consisting of multiple pages may have a fee associated with it. If a fee will be assessed, you will be contacted. Please email completed form to Dayers@cityofmarcoisland.com

INCIDENT INFORMATION

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Type of Incident: _____ Incident Number (if known): _____

REQUESTING PARTY INFORMATION

Please print or type the required information below.

Date: _____

Requesting Party Name: _____

Mailing Address: _____
Apt/Suite# City State Zip Code

Telephone Number: _____ Email Address: _____

Select One

- ____ Please mail the report
____ Please email the report
____ Please call when ready for pickup

Note: Requests will be responded to within 10 business days.

OFFICIAL USE ONLY

Date Received _____ Fee \$ _____ Check Money Order

Identification Verified Yes No Notarized medical release submitted Yes No N/A

Date Copy Provided _____ Copy Released Copy Mailed Copy Emailed

Request Handled By _____ Comments: _____