

**FITCHBURG FIRE DEPARTMENT  
PHOTOCOPY REQUEST  
33 NORTH STREET  
FITCHBURG, MA 01420  
Office 978-345-9672 / Fax 978-345-9589**

DATE: \_\_\_\_\_

To facilitate the procurement of fire or other incident reports from this department:

1. Complete this form (you will receive one copy returned with requested information).
2. Enclose self-addressed, stamped, business size envelope (approx. 4"x9").

Name of person requesting copy: \_\_\_\_\_

Company or Law Office name: \_\_\_\_\_

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

Street address of fire (other incident): \_\_\_\_\_

Date/time of fire (other incident): \_\_\_\_\_

Type of Incident (brief description): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Names of owners, operators, victims, principle persons involved: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**STATUS**

No record of fire/incident relative to information submitted: \_\_\_\_\_

More information needed: \_\_\_\_\_

Criminal action pending \_\_\_\_\_

Request at a later date: \_\_\_\_\_

Report No. \_\_\_\_\_

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

Processed by (initial) \_\_\_\_\_