

# MAINE OFFICE OF STATE FIRE MARSHAL

## INCIDENT INVESTIGATION REPORT REQUEST FORM FOR INSURANCE COMPANY USE ONLY (NON-ARIA INCIDENTS)

If you wish to request component(s) of an investigative file beyond the investigative report you are currently requesting, please attach and forward with this form a letter specifying which component(s) you wish to request.

**PLEASE PRINT**

**FORM #4**

REQUESTOR INFORMATION:		
1	Full name:	
2	Physical and mailing address:	
3	Telephone number:	(     )
4	E-mail address:	
5	Name of individual(s) or insurance company on whose behalf you are requesting information:	
INSURANCE COMPANY INFORMATION:		
6	Full name:	
7	Physical and mailing address:	
8	Telephone number:	(     )
9	E-mail address:	
INFORMATION REGARDING THE INCIDENT THAT IS THE SUBJECT OF THE REQUESTED REPORT:		
10	Incident date:	Incident location:
11	Claim number:	
12	Full name(s) of your insured:	
13	List your insured's property damaged or destroyed in incident:	
14	Incident number (if known):	

I UNDERSTAND ANY MATERIALS RECEIVED FROM THE MAINE OFFICE OF STATE FIRE MARSHAL IN RESPONSE TO THIS REQUEST MAY NOT BE DISSEMINATED. I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION I HAVE PROVIDED ABOVE IS CORRECT.

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

**NOTE:** OFFICE OF STATE FIRE MARSHAL INCIDENT INVESTIGATION REPORTS ARE CONFIDENTIAL AND MAY NOT BE RELEASED IF THERE IS A REASONABLE POSSIBILITY THAT DOING SO WOULD RESULT IN CERTAIN CONSEQUENCES IDENTIFIED IN APPLICABLE STATE LAW. 16 MRS § 804. ACCORDINGLY, PLEASE NOTE THAT THE OFFICE OF STATE FIRE MARSHAL MAY BE PROHIBITED FROM RELEASING TO YOU THE REPORT YOU HAVE REQUESTED FROM OUR AGENCY. COMPONENTS OF REQUESTED REPORTS MAY BE REDACTED OR EXCLUDED IN ORDER TO COMPLY WITH MAINE OR FEDERAL STATUTES.

PLEASE MAIL OR FAX THIS COMPLETED FORM TO: OFFICE OF STATE FIRE MARSHAL, 52 STATE HOUSE STATION, AUGUSTA, ME 04333-0052 · 207-287-6251