



CITY OF KNOXVILLE FIRE DEPARTMENT

FIRE MARSHAL'S OFFICE

CITY COUNTY BUILDING

400 MAIN STREET SUITE 539

KNOXVILLE, TENNESSEE 37902

PHONE (865) 215-2283 / FAX (865) 215-4249

REQUEST FOR FIRE / INCIDENT REPORT

Please complete all known information. All requested information in the first section is required.

Property Type Building _____ Vehicle _____ Other _____

If vehicle- make/model _____ Year _____

Date of fire _____ Property address _____

Name of person requesting report _____

Reason for obtaining report _____

PROPERTY / VEHICLE OWNER INFORMATION

Owner Name _____ Phone # _____

Mailing Address _____

City _____ State _____ Zip _____

Insurance Company _____ Claims Rep _____

Complete mailing address _____

COVERAGE: Building \$ _____ Contents \$ _____ Vehicle \$ _____ Contents \$ _____

CLAIMS PAID: Building \$ _____ Contents \$ _____ Vehicle \$ _____ Contents \$ _____

OCCUPANT INFORMATION

Occupant Name _____ Phone # _____

Mailing Address _____

City _____ State _____ Zip _____

Insurance Company _____ Claims Rep _____

Complete mailing address _____

COVERAGE: Building \$ _____ Contents \$ _____ Vehicle \$ _____ Contents \$ _____

CLAIMS PAID: Building \$ _____ Contents \$ _____ Vehicle \$ _____ Contents \$ _____

CONTACT INFORMATION

How would you like to receive your report? (Complete one) Fax # _____

Mailing Address _____

Email Address _____

\$10.00 fee applies to Faxed or Mailed reports. Please include your check made payable to the City of Knoxville. PDF copies of reports sent to your email address are free of charge.

For office use only: Date report sent / picked up _____ Receipt # _____

R0811

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