



Fire Incident Report Request Form

City of Marco Island Fire Rescue Department

50 Bald Eagle Dr.
Marco Island, FL 34145
(239) 389-5040
(239) 393-0099—Fax

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

Note: Please make sure you complete this form, providing as much information as possible. Attach all required documents. Enclose a check or money order made payable to the City of Marco Island. Mail checks or money orders directly to the address listed above. **DO NOT MAIL CASH.**

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 _____ Fax Number _____

Please mail the report

Please fax the report

Please call when ready for pickup

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

OFFICIAL USE ONLY

Date Received _____ Fee \$ _____ Cash _____ Check _____
Identification Verified: Yes No Notarized medical release submitted: Yes No N/A
Date Copy Provided _____ Copy Released _____ Copy mailed _____ Copy faxed _____
Request Handled By _____
Comments _____