**MAINE OFFICE OF STATE FIRE MARSHAL**

**REQUEST FOR INVESTIGATIVE REPORT**

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 note that additional fees will be charged for any such other component(s) that are provided.

**PLEASE PRINT FORM #1**

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| --- | --- | --- | --- | --- |
| **REQUESTOR INFORMATION:** | | | | |
| 1 | Full name: | |  | |
| 2 | Mailing address:  (P.O. Box,City/ Town, Zip Code) | |  | |
| 3 | Street address:  (Street City/Town, Zip Code) | |  | |
| 4 | Telephone number: | | ( ) | |
| 5 | E-mail address: | |  | |
| 11 | | List property damaged or destroyed in incident: | | |
| **INFORMATION REGARDING THE INCIDENT THAT IS THE SUBJECT OF THE REQUESTED REPORT:** | | | | |
| 12 | Incident date: | | | Incident location: |
| 13 | Brief description of incident (including, if available, names/DOB of individuals involved): | | | |
| 14 | Incident number (if known): | | | |
| 15 | I am requesting this incident investigation report (check one):  **□**For myself **□**On behalf of (full name): | | | |
| 16 | I am requesting this incident report for the following reason(s): | | | |

**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 TO THE PUBLIC IF THERE IS A REASONABLE POSSIBILITY THAT DOING SO WOULD RESULT IN CERTAIN CONSEQUENCES IDENTIFIED IN APPLICABLE STATE LAW. SEE 1 MRS § 402(3)(A); 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 AND FEDERAL STATUTES.

**PLEASE SEND THIS COMPLETED REQUEST FORM ALONG WITH A $10.00 CHECK OR MONEY ORDER, PAYABLE TO THE TREASURER, STATE OF MAINE, FOR EACH REPORT BEING REQUESTED TO: OFFICE OF STATE FIRE MARSHAL, 52 STATE HOUSE STATION, AUGUSTA, ME 04333-0052.**