



SPRINGFIELD TOWNSHIP FIRE DEPARTMENT

DIVISIONS OF FIRE AND EMS

7617 ANGOLA ROAD

HOLLAND, OH 43528

419.865.4136 TELEPHONE

REQUEST FOR FIRE REPORT

I, _____ HEREBY REQUEST A COPY OF THE **FIRE REPORT #** _____

THAT OCCURRED ON THE FOLLOWING **DATE** _____ REGARDING THE FIRE AT THE FOLLOWING

LOCATION: _____.

PRINT NAME (REQUESTING PARTY)

SIGNATURE

ADDRESS

DATE

Note: A **Check** or **Money Order** in the amount of **\$3.00** made payable to **Springfield Township Fire Department**. Please include a self addressed stamped envelope for the return of the report. Please allow 3 -5 days for the report delivery return