



FIRE AND RESCUE NSW REQUEST FOR INCIDENT INFORMATION FORM

Received (date):	Fax <input type="checkbox"/>	Email <input type="checkbox"/>	Post <input type="checkbox"/>
Incident number:			
Sent (date):	Fax <input type="checkbox"/>	Email <input type="checkbox"/>	Post <input type="checkbox"/>

INQUIRER'S DETAILS

Name of person requesting information (given & last name):		Company name (if applicable):	
Mailing address:	Suburb:	Postcode:	State:
Fax No:	Phone/Mobile:	Email:	

Nature of interest in the information requested:

Your reference number is (if applicable):	Date of request:

Mark box to certify that permission has been obtained from persons affected by the incident whose personal information may appear on the incident report related to this incident and for that information to be given to me as part of my inquiry into the incident.

INCIDENT DETAILS

Date of incident:	Nature of incident (include vehicle registration number for vehicle related incidents):		
Address of incident (include name of business if applicable):	Suburb:	Postcode:	State:

DETAILS OF OWNER AND/OR OCCUPANT OF INCIDENT PREMISES

Owner's name:	Occupant's name:		
Owner's address (if not the same as above):	Suburb:	Postcode:	State:
Occupant's address (if not the same as above):	Suburb:	Postcode:	State:

Please address this completed form to:

The Commissioner
Fire and Rescue NSW
Attention: Julie Coggins

Email: incident.info@fire.nsw.gov.au
Fax No: (02) 9265 2886
Postal: Locked Mail Bag 12
Address: GREENACRE NSW 2190

