



Muscle Shoals Fire Rescue

Post Office Box 2624, 1002 East Avalon Avenue

Muscle Shoals, Alabama 35662

Telephone: (256) 386-9230



SHAWN MALONE

FIRE CHIEF

Bureau of Fire Prevention

Incident Report Release Form

Today's Date: _____ Contact Number: _____

I, _____, represent that I am
(Print Name of Individual Requesting Incident Report here)

Owner or Co-Owner / Occupant or Co-Occupant / Insurance Company **(Circle One)**,

of the following listed Specified Property related to the Incident Report I am requesting.

**** Please fill in the following information completely**

(Street Address) _____

(City) _____ *(State)* _____ *(Zip Code)* _____

(Name of Owner / Owners) _____

(Name of Business if applicable) _____

(If Business, List ALL Owners) _____

(Additional Contact Info. of Multiple Business Owners) _____

If additional space is needed to list names or parties involved, Please use the back of this form.

Date of Incident: _____

The purpose of this report request is as follows: _____

I agree to hold the City of Muscle Shoals Fire Department and its supporting agents harmless and blameless for any and all the information contained within this report once I obtain possession.

Person obtaining Report *(Print Name)* _____

Person obtaining Report *(Sign Name)* _____

Fire Dept. Representative *(Witness Signature)* _____