

KENDALLVILLE FIRE DEPARTMENT
REQUEST FOR FIRE OR INCIDENT REPORT
INVOICE

Name of insured or property owner: _____

Date of incident: _____; Incident number: _____

Location: _____

Report provided by: _____

Date requested: _____ Date provided: _____

Bill to: _____

Address: _____

City: _____

Cost Per. Report: \$5.00 Check _____ Money Order _____ Cash _____

Make Checks and Money Orders Payable to:

City of Kendallville
Rural Fighting Fund
234 South Main Street
Kendallville Indiana 46755

All reports must be obtained from the office of the Fire Chief, 304 East North Street,
Kendallville, Indiana 46755. Please allow 10 days from date of incident to obtain report.