

REQUEST FROM SOLICITOR, INSURANCE COMPANY OR LOSS ADJUSTER FOR FIRE / INCIDENT REPORT

General Guidance for completing the Request Form

Please complete the form below. This form can be completed electronically, and emailed to irshelpdesk@lancsfirerescue.org.uk or printed off, and posted to the following address:

Incident Information Team.
Lancashire Fire and Rescue Service
Fire Service Headquarters

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1	Company name:	
2	Company details:	Postal address: Contact Name: Telephone Number: Email Address:
3	Company reference:	
4	Who you are acting on behalf of (your client): connection to the incident (i.e. owner, occupier of third party)	
5	If your client is an insurance company, please state their insured party, and this part incident:	
6	Incident date of required report:	
7	Incident address / location of required report:	

Additional Information (where applicable):

Upon receipt of this form, an invoice will be issued, this will include details for making the relevant payment by BACS of £132.00 (which includes VAT). Upon receipt of payment, the relevant report will be created and issued.

I can confirm that all parties mentioned above have no intention of pursuing Lancashire Combined Fire Authority or Lancashire Fire and Rescue Service for damages, resulting from the above-mentioned incident.

Signed:

Date: