



# Ida Township Volunteer Fire Department

## Request For Fire Report

### Insurance Company Information

Insurance Company: \_\_\_\_\_ Request Date: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

Insurance Representative: \_\_\_\_\_  
*Last First M.I.*

Address of property affected by Fire: \_\_\_\_\_

- |                                      |                                 |                                  |
|--------------------------------------|---------------------------------|----------------------------------|
| <input type="checkbox"/> Residential | <input type="checkbox"/> Wooded | <input type="checkbox"/> Vehicle |
| <input type="checkbox"/> Commercial  | <input type="checkbox"/> Field  | <input type="checkbox"/> Other   |

Date of Fire: \_\_\_\_\_ Owner/Insured Party: \_\_\_\_\_

\_\_\_\_\_  
*Insurance Representative Signature*

\_\_\_\_\_  
*Date*

**Mail completed request form to the Ida Township Volunteer Fire Department at:**

Ida Township Volunteer Fire Department  
P.O. Box 209  
Ida, MI 48140

### PROCESSING FEE

**INCLUDE A CHECK FOR \$5.00 MADE OUT TO THE IDA TOWNSHIP  
VOLUNTEER FIRE DEPARTMENT**

### TO BE COMPLETED BY FIRE DEPARTMENT OFFICIAL

Date Request Received: \_\_\_\_\_ Processing Fee Received:  Yes  No

\_\_\_\_\_  
*Fire Department Official Signature*