



CITY OF LAKE JACKSON
FIRE MARSHAL



10 OAK DRIVE ♦ LAKE JACKSON, TX 77566

(979) 415-2726 ♦ FAX (979) 415-2679

FIRE REPORT REQUEST FORM

Today's Date _____

Please provide A Copy of the report on the following: **(Circle One)**

VEHICLE, STRUCTURE, INSPECTION, ENVIRONMENTAL

OTHER _____

Incident Date:

(or fire loss date) _____

Incident Address: _____

Your Name:

Your Phone Number:

Work # _____

Cell # _____

Home # _____

Fax # _____

Your Address: _____

Circle One (1) Choice : Owner Of Property, Insurance Adjuster,
Attorney, Other (Please State Relation) _____

PLEASE COMPLETE THE FOLLOWING SECTION:

Name Of Insurance Company:

Phone # Of Insurance Company :

Estimated Amount Of Loss-Vehicle:

Estimated Amount Of Loss on Structure:

Estimated Amount Of Loss on Contents:

**IF THE AMOUNT OF LOSS IS NOT AVAILABLE AT THIS TIME,
PLEASE FORWARD THE INFORMATION TO US AS SOON AS
POSSIBLE. THE INFORMATION IS USED BY THIS OFFICE FOR OUR
RECORDS.**

IF YOU HAVE ANY QUESTIONS PLEASE CALL (979)415-2726.

Signature : _____