



ST. LUCIA FIRE & EMERGENCY SERVICES

Fire Report Request Form

Manoel Street
P O Box 496
CASTRIES
FAX: 452-3064
Tel: 452 – 2373/4
Ext.: 6133

First name _____ Surname _____

Mailing Address _____

Telephone No. _____ Mobile No. _____ Email _____

Date of fire: dd/mm/yyyy _____

Address of fire Incident _____

Owner () Occupier () Both ()

Type of Fire

() House () Commercial Building
() Vehicle () Other

N.B. If it is a Vehicle fire include the make, model, year, and registration of vehicle.

If other, state

Reason for Request:

() Passport () Insurance
() Other

If other, state reason

Date submitted _____

Applicant's signature _____

FOR OFFICIAL USE ONLY

Received by _____

Date received _____

Attached fee _____

Receipt No. _____

Reference No. _____

File No. _____

Fire Call Report No. _____

Report Writer _____

Remarks: _____
