

S A M F S
Incident Records / Fire Cause Investigation

REPORT RELEASE

Incident Records
S A M F S
G P O Box 98
Adelaide 5001

Applicant Reference
.....

Email: MFS.IncidentRecords@eso.sa.gov.au

Phone: (08) 8204 3693
(08) 8204 3696

Applicant

Company/Invoicing Title.....

Address

Telephone Email

We wish to apply for a copy of an incident report, details of which are below:

Name of Owner/Victim

Location of Incident

.....

Type of Incident

(e.g. building fire, car fire, chemical spill)

Date of Incident

Time of Incident

Police Crime Report Number
(If applicable)
.....

Establishment of Interest:
(Applicant must state reasons why a bona fide interest in the information is claimed)

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Signature of Applicant

Date of Application

An invoice for **\$136.00** (GST exempt) will be created for this service and sent to you for payment. On receipt of payment the report will be released. **DO NOT SEND PAYMENT WITH THIS FORM.**

(Fee of \$136.00 applicable for the 23/24 financial year)

OFFICE USE ONLY

Customer No.

Invoice No.

Cost Centre 330214215

Inc. Record No.

Processed by/...../.....