



Scarborough Fire Department

Request for Information

Date: _____

Agency Requesting Information:	
Name:	_____
Address:	_____
Phone:	_____
Fax:	_____

Report Type Requested: Fire Rescue Environmental Inspection Other

Date of Incident: _____

Location of Incident: _____

Subject Name: _____

Additional Information: _____

The Scarborough Fire Department requires a **\$10.00** processing fee for each report requested. Please make checks payable to:

Scarborough Fire Department
275 US Route One
Scarborough, Maine 04074

~ Office Use Only ~		
Amount paid:	Check #:	Date paid:
_____	_____	_____
Mailed:	Faxed:	Entered in CPU:
_____	_____	_____



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