

**REQUEST FROM SOLICITORS, INSURANCE COMPANY, FIRE INVESTIGATORS, FORENSICS,** **LOSS ADJUSTERS OR COMMERCIAL ENTERPRISES FOR FIRE / INCIDENT REPORT**

General Guidance for completing the Request Form

Please complete the form below. This form can be completed electronically, and emailed to irshelpdesk@lancsfirerescue.org.uk or printed off, and posted to the following address:

Incident Information Team

Lancashire Fire and Rescue Service

Fire Service Headquarters

Garstang Road

Fulwood

Preston

PR2 3LH

Upon receipt of this form, payment of £132.00 (which includes VAT) is required in advance for us to process this request. This charge relates to the cost of producing the relevant incident report. BACS details will be sent to you, and once payment has been received, we will then release the incident report in due course.

Guidance for completing the Sections of the Request Form

1. The Company Name required in Section 1 is the name of the Solicitor, Insurance Company or Loss Adjuster making the request.
2. The Company Details required in Section 2 are the details of the Solicitor, Insurance Company or Loss Adjuster making the request.
3. The Company Reference referred to in Section 3 is the reference that you would like stating in all correspondence between yourselves, and the Fire and Rescue Service.
4. In Section 4, you should record the name of the person / organisation who you are acting on behalf of. If a third party, please detail this party’s connection with the incident / property.
5. Please make clear if your client is the Owner or Occupier, or a third party. If a third party, please detail this party’s connection with the incident / property.Section 5 can be left blank if not relevant.
6. Section 6 should be completed with the date the incident in question occurred.
7. If this is not the address where the fire originated, i.e. is a property damaged by ‘fire spread’, please also state the address at which the fire originated.

**REQUEST FROM SOLICITORS, INSURANCE COMPANY, FIRE INVESTIGATORS, FORENSICS, LOSS ADJUSTERS OR COMMERCIAL ENTERPRISES FOR FIRE / INCIDENT REPORT**

|  |  |  |
| --- | --- | --- |
| **1** | **Company name:** |  |
| **2** | **Company details:****Postal address:****Contact Name:****Telephone Number:****Email Address:** |  |
| **3** | **Company reference:** |  |
| **4** | **Who you are acting on behalf of (your client):****Please state your client’s connection to the incident (i.e. owner, occupier of third party)** |  |
| **5** | **If your client is an insurance company, please state their insured party, and this party’s connection to the incident:** |  |
| **6** | **Incident date of required report:** |  |
| **7** | **Incident address / location of required report:** |  |

|  |
| --- |
| Additional Information (where applicable):  |

|  |
| --- |
| *Upon receipt of this form, payment of £132.00 (which includes VAT) is required in advance for us to process this request. This charge relates to the cost of producing the relevant incident report. BACS details will be sent to you, and once payment has been received, we will then release the incident report in due course.* |

|  |
| --- |
| I can confirm that all parties mentioned above have no intention of pursuing Lancashire Combined Fire Authority or Lancashire Fire and Rescue Service for damages, resulting from the above-mentioned incident.**Signed: Date:**  |