



FIRE REPORT (Additional Names)

OFFICE OF THE FIRE COMMISSIONER
PO Box 9214 Stn. Prov. Govt.
Victoria BC V8W 9J1
TEL 1-888-988-9488 FAX (250) 356-7699

INCIDENT NUMBER					
LOCATION	YEAR	MONTH	DAY	HOUR	OCC

NAME NO. [][]		<input type="checkbox"/> DELETE <input type="checkbox"/> UPDATE			
<input type="checkbox"/> OWNER <input type="checkbox"/> OCCUPANT <input type="checkbox"/> CASUALTY (IF CHECKED COMPLETE CASUALTY REPORT)	<input type="checkbox"/> BUS OWN. <input type="checkbox"/> BUS OCC. <input type="checkbox"/> WITNESS	SURNAME		GIVEN NAME(S)	
BUSINESS NAME		ADDRESS (SUITE, NUMBER, STREET AND CITY)		POSTAL CODE	TELEPHONE ()
CLAIMS ADJUSTER NAME	FIRM	CLAIM NO.	INSURANCE COMPANY NAME	POLICY NO.	
PROPERTY LOSS ESTIMATE	CONTENTS LOSS ESTIMATE	TOTAL LOSS ESTIMATE TO NEAREST DOLLAR			
REMARKS:					

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REMARKS:					

NAME OF INVESTIGATOR (PLEASE PRINT)	L AFC BADGE NUMBER (IF APPLICABLE)	TELEPHONE ()	REPORT DATE (YYYY/MM/DD)
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