

Property Owner Information

Lafayette Township Fire Department

REPORT OF FIRE INVESTIGATION		Date of Fire:	Page 1	of 1	Case No.
Location of Fire:			City:		County: Floyd
Victim Name/Incorporated Business			Investigator:		
Date Assigned:			Date Investigation Began:		

Property Owner:

Owner's Name:		Owner's Telephone:			
Date of Birth: / /	Social Security Number: Drivers License number:				
Owner's Address:					
City:		State: Indiana		Zip Code:	
Insurance Company:		Policy Number:			
Insurance Agent:		Insurance Agent's Telephone:			
Insurance Adjuster:		Insurance Adjuster's Telephone:		Claim Number:	
Building Coverage:			Contents Coverage:		
Mortgage Company:		Monthly Payments:		Current?:	

Vehicle Involved:

Vehicle Involved?	Make	Year	Color	Lic. No.	Lic. St.	Lic. Yr.	VIN
Name of Owner:					Address		
Where Held:							

Addition Information: