



**Town of Southampton**  
18 Jackson Avenue  
Hampton Bays, NY 11946  
**DIVISION OF FIRE PREVENTION**  
Telephone 631-702-2919  
Fax 631-728-3688

**CHERYL KRAFT**  
Chief Fire Marshal  
631-702-2920

**FIRE/INCIDENT REPORT REQUEST**  
**\$5.00 Report/\$10.00 Picture Disk (if available)**

DATE: \_\_\_\_\_ APPLICATION#: \_\_\_\_\_

SCTM# 473689- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

PROPERTY LOCATION: \_\_\_\_\_

OWNER: \_\_\_\_\_

\*\*\*\*\*

PERSON/FIRM REQUESTING SEARCH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_

REQUEST:  Fire Report \$5.00  Picture Disk \$10.00  Both \$15.00

\*\*\*Please enclose a self address stamped envelope (if ordering a disk, large enough for disk)\*\*\*

\*\*\*\* OFFICE USE ONLY \*\*\*\*

Tax Map # \_\_\_\_\_

Fee:  Fire Report \$5.00  Picture Disk \$10.00  Both \$15.00  
Chief Fire Marshal \_\_\_\_\_ Date \_\_\_\_\_

Fire Report \$5.00  Picture Disk \$10.00  Both \$15.00  
( ) Approved ( ) Denied/Reason \_\_\_\_\_

Check/Cash \_\_\_\_\_

Receipt# \_\_\_\_\_ Workflow# \_\_\_\_\_