

**STATE OF ALABAMA  
FIRE MARSHAL'S OFFICE  
P O BOX 303352  
MONTGOMERY AL 36130-3352**

Section 36-19-24, Code of Alabama, 1975 mandates that all insurers licensed to do business in Alabama must complete this form for all fires of suspicious origin.

THIS REQUEST WILL NOT BE PROCESSED UNLESS THIS FORM IS COMPLETE AND TYPE WRITTEN.

FIRE MARSHAL'S CASE NO.: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

LOCATION OF SALVAGE: \_\_\_\_\_

TYPE OF PROPERTY: \_\_\_\_\_

DATE OF FIRE: \_\_\_\_\_ FIRE DISCOVERED BY: \_\_\_\_\_

ORIGIN OF FIRE IF KNOWN: \_\_\_\_\_

NAME OF MORTGAGEE OR LIENHOLDER: \_\_\_\_\_

AMT. OF MORTGAGE OF LIEN: \$ \_\_\_\_\_ AMT. PAST DUE: \$ \_\_\_\_\_

IF INS. WAS CARRIED, NAME COMPANIES INCLUDING POLICY NUMBER AND AMOUNTS:

\_\_\_\_\_  
\_\_\_\_\_

AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME AND ADDRESS OF WITNESSES AND STATEMENT IN BRIEF OF EACH:

\_\_\_\_\_  
\_\_\_\_\_

PERSONS SENDING IN NOTICE SHOULD FILL IN BELOW, NAME AND **COMPLETE** MAILING ADDRESS:

\_\_\_\_\_ TELEPHONE OR EMAIL ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

**ARE YOU REQUESTING AN INVESTIGATION?** YES ( ) NO ( )

**IF AUTOMOBILE FIRE, COMPLETE ADDITIONAL INFORMATION:**

**ADDITIONAL INFORMATION FOR AUTOMOBILE FIRE LOSS**

MAKE, MODEL & MOTOR NO.: \_\_\_\_\_

FROM WHOM PURCHASES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF SALE: \_\_\_\_\_ CASH SELLING PRICE: \_\_\_\_\_

AMT. OF DOWN PAYMENT: \_\_\_\_\_ CASH ( ) TRADE ( ) \_\_\_\_\_

DESCRIPTION OF TRADE: \_\_\_\_\_

\_\_\_\_\_

MISCELLANEOUS REMARKS: (INCLUDE UNUSUAL ITEMS AT SCENE OF LOSS, MECHANICAL, DEFECTS NOTED DURING SALVAGE INSPECTION, ETC.)

\_\_\_\_\_

\_\_\_\_\_

**BELOW THIS LINE TO BE FILLED OUT BY THE FIRE MARSHAL'S OFFICE:**

DEPUTY ASSIGNED TO: \_\_\_\_\_

DATE ASSIGNED: \_\_\_\_\_ CASE NO.: \_\_\_\_\_

OTHER REMARKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ED PAULK  
STATE FIRE MARSHAL  
MONTGOMERY AL 36130