

CAPE MAY COUNTY  
DEPARTMENT OF PUBLIC SAFETY TRAINING CENTER  
FIRE MARSHAL'S OFFICE



**FIRE INVESTIGATION REPORT REQUEST**

**INCIDENT INFORMATION:**

Date of Incident:	Address of Incident:
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**REQUESTER INFORMATION:**

Name:	Phone#:
Company (if applicable)	Email:
Mailing Address:	
Signature:	Date:

*Please note: Depending on the complexity and other factors of an incident, a fire report may not be completed for weeks. Please allow 3-4 weeks to receive the report.*

Attention: Form must be printed and signed , mailed along with a check or money order for \$15.00 made out to the Cape May County Fire Marshal's Office.

Mail request to: Cape May County Fire Marshal's Office  
4 Moore Road, DN 306  
Cape May Court House, NJ 08210

**INTERNAL USE ONLY**

Incident #: \_\_\_\_\_  
Date request received: \_\_\_\_\_  
Date provided/mailed: \_\_\_\_\_  
Initials: \_\_\_\_\_