

DENNIS M. ALLEN
CHIEF FIRE MARSHAL

MICHAEL MARKS
COORDINATOR OF
FIRE INVESTIGATIONS

OCEAN COUNTY
OFFICE OF THE FIRE MARSHAL

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OCEAN COUNTY FIRE MARSHAL
P.O. BOX 2191
TOMS RIVER, NJ 08754

FIRE INCIDENT REPORT
REQUEST FORM

Incident Information			
Date of Incident:		Time of Incident:	Incident Number (If Known)
Street Number	Street Name of Location/Intersection		Suite/Unit Number
City		State	Zip
Applicant Information			
Company Name (If Applicable)		Your File Number (If Known)	
Last Name, First Name		Relationship to Incident	
Telephone Number		Email	
Street Number	Street Name or Location/Intersection		Suite/Unit Number
City		State	Zip
Print Name		Sign Name	Date
Payment Information			
Mail Check With Payment to:		Make Check / Money Order Payable to:	
Ocean County Fire Marshal PO Box 2191 Toms River, NJ 08754		Ocean County Fire Marshal	
		DO NOT MAIL CASH	
		Application Fee \$25 Photo Request Additional \$25	

 SPECIAL ASSISTANCE/ACCOMMODATIONS available, please call (732) 349-2010 (V/TTY)