

**STATE OF ALABAMA**  
**FIRE MARSHAL'S OFFICE**  
**PO BOX 303352**  
**MONTGOMERY, ALABAMA 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 MARSHALS CASE # \_\_\_\_\_ DATE: \_\_\_\_\_

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

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

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

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

COUNTY IN WHICH LOSS OCCURRED: \_\_\_\_\_

NAME OF OCCUPANT: \_\_\_\_\_

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

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:

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

**ARE YOU REQUESTING AN INVESTIGATION?**

YES ( ) NO ( )

**IF AUTOMOBILE FIRE, COMPLETE ADDITIONAL INFORMATION ON REVERSE SIDE, (F.M.I.)**