



**NEW LONDON FIRE DEPARTMENT
REPORT REQUEST FORM**

289 Bank Street, New London, CT 06320
860-447-5291

☐ Fire Report (\$5.00)

☐ Ambulance Report (\$5.00)

Hours - 8:30 a.m. to 3.30 p.m.

For mailed copies – attach a self-addressed stamped envelope with check or money order payable to the City of New London.

To request a copy of ambulance invoices contact
Quick Med Claims, 269 Main Street, Cromwell, CT 06416

800-258-3902 – FAX 860-638-1802 or 1803

FOR FIRE Incident

Person requesting Fire Report

☐ Owner ☐ Occupant ☐ Insurance ☐ Attorney ☐ Other _____

Name _____

Address _____ Phone # _____

Location and date of incident- _____

FOR AMBULANCE Incident

Only the Patient will be issued a copy- (HIPPA)
Unless Medical Release Authorization is attached

Patient name _____

Address _____ Phone # _____

Location and date of incident _____

Date _____