



**NEW LONDON FIRE DEPARTMENT**

**REPORT REQUEST FORM**

289 Bank Street, New London, CT 06320

860-447-5291

☐ Fire Report (\$5.00)

☐ Ambulance Report (\$1.00)

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  
Holdsworth-Pelton, 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 \_\_\_\_\_