



MFRS Request for Information

Information Request details

| | | | |
|-----------------------|---|-------------------------|--|
| Information requested | Standard Incident Report <input type="checkbox"/> Other <input type="checkbox"/> (please state) | | |
| Date of Incident | | Incident no. (if Known) | |
| Address of Incident | | | |

Requester Details

| | | | |
|--|--|------------|--|
| Name | | | |
| Organisation (if applicable) | | | |
| Postal Address | | | |
| E-mail address | | | |
| Telephone No. | | | |
| Reference no. / Purchase Order no. (if applicable) | | Signature: | |

Payment to be made via internet bank or card payment, please contact us for further information.

Information requested once approved and payment received, will be emailed securely. If unable to provide a secure email, Egress will be used. Alternatively, please advise if you would prefer a hard copy of the information to be sent to your postal address.

Please submit this form to: -

**Information Assistant
Strategy and Performance
Merseyside Fire and Rescue Service
Bridle Road
Bootle
Merseyside
L30 4YD**

**Telephone Number: 0151 296 4426 / 5
Email: informationassistant@merseyfire.gov.uk**