

# South Australian Metropolitan Fire Service Incident Report Release Form



**METROPOLITAN  
FIRE  
SERVICE**  
SOUTH AUSTRALIA



**Incident Records  
South Australian Metropolitan Fire Service  
GPO Box 98  
Adelaide SA 5001**

**Applicant Reference**  
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Email: [MFS.IncidentRecords@eso.sa.gov.au](mailto:MFS.IncidentRecords@eso.sa.gov.au)

Phone: (08) 8204 3693  
(08) 8204 3696

Applicant .....

Company/Invoicing Title .....

Address .....

Telephone ..... Email .....

**We wish to apply for a copy of an incident report, details of which are below:**

Name of Owner/Victim .....

Location of Incident .....

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Type of Incident .....

(e.g. building fire, car fire, chemical spill)

Incident Date ..... Incident Time.....

**Establishment of Interest:**

(Applicant must state reasons why a bona fide interest in the information is claimed)

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\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Application

I am applying for the **AIRS Fire Report**  Fee: **\$144.00**  
(Fee of \$144.00 applicable for the 25-26 financial year)

I am applying for the **Fire Cause Investigation Report**  Fee: **\$1152.00**  
(Fee of \$1152.00 for the 25-26 financial year. You will receive the AIRS & FCI Reports)

**DO NOT SEND PAYMENT WITH THIS FORM. An invoice will be issued upon application.  
The report(s) will be released once payment has been received.**

**OFFICE USE ONLY**

Cust No ..... Invoice No ..... Ref No ..... Processed by ..... /...../.....