

## REQUEST FOR RELEASE OF FACTUAL INFORMATION

Insured's Name	Date and Time of Fire
Address of Fire	County

Claim No.	Incident No.
To: Person to Receive Form	From:
Address:	
Title:	

Insurance Company Name	
Policy No.	Policy Term Dates:
Agent's Name	Address

This department (or agency) is charged with the responsibility to investigate the fire which occurred at the above captioned address. Pursuant to 1(a) of the Illinois Public Act 80-488 which states: The Fire Marshal or personnel from any other authorized law enforcement agency charged with the responsibility of investigating a fire loss, may request any insurance company investigating a fire loss of real or personal property to release any factual information in its possession which is pertinent to this type of loss and has some relationship to the loss itself. The company shall release the information and cooperate with any official authorized to request such information pursuant to this section. The information shall include, but is not limited to:

- (1) Any insurance policy relevant to a fire loss under investigation and any application for such a policy;
- (2) Policy Premium Payment Records;
- (3) History of previous claims made by the insured for fire loss;
- (4) Material relating to the investigation of the loss, including statements of any person, Proof of loss, and any other relevant evidence.

**PLEASE RELEASE THE FOLLOWING INFORMATION**

Release information to: \_\_\_\_\_

Signature of Requesting Officer and Rank

\_\_\_\_\_  
Name of Requesting Officer

Telephone No. \_\_\_\_\_

\_\_\_\_\_  
Department or Agency Requesting Information

\_\_\_\_\_  
Address