



Fire Report and Claim Form

NOTE: State Finance Law section 54-e requires a municipality whose fire department has responded to a fire on property under the jurisdiction of the State of New York and wishes to file a claim for reimbursement for eligible expenses to file a report within thirty (30) days after such a fire occurs. All items must be completed. All reports and claims must be submitted to:

NYS Division of Homeland Security and Emergency Services
Office of Fire Prevention and Control
1220 Washington Avenue, Building 7A, Floor 2
Albany, NY 12226
Attn: Educational and Operational Support Branch

To be used for applying for reimbursement of certain firefighting expenses incurred while fighting fires on property under the jurisdiction of the State of New York (section 54-e of the State Finance Law).

1. Name of Claimant:
Form with fields for Fire District, Village, City, County, Town, Street Address, Post Office, City, State, Zip)

2. Name of State Agency/Institution/Authority having jurisdiction over premises on which fire occurred:
Form with fields for Name, Street Address, Post Office, City, State, Zip)

3. Name of State Employee at Agency/Institution/Authority who can be contracted to verify claim and supply information to the Division of Homeland Security/Office of Fire Prevention and Control:
Form with fields for Name, Address, City, State, Zip, Phone)

**4. List each item of firefighting costs eligible for reimbursement:**

**a. Cost of salaries for specially employed personnel:**

	Individual Hired	Cost Per Hour	Total Cost
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**b. Rental cost for special equipment:**

	Equipment Rented	Cost Per Hour	Total Cost
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**c. Cost of expended supplies, (such as gasoline, oil, fuel, foam, water additives, dry powder, recharging cost for air bottles, extinguishers, etc.):**

	Equipment Rented	Units: Qts., Gals., etc.	Total Cost
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

**d. Cost of damaged or destroyed equipment:**

	Item	Initial Cost *	Repair Cost +	Value Immediately Before Fire #	Salvage	Insurance Claimed/or Recovered	Total Cost
1.	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____

*\*Attach copy of original purchase order if available.*

*+Attach any repair estimates obtained.*

*#Include description of method used to determine value.*

**5. Mutual Aid:**

Attach a copy of any Mutual Aid Agreements under which fire protection is provided to the above-named State Agency/Institution/Authority. Include the total amount of any payments made to the claimant for fire protection.

**6. Incident Report:**

An original copy of the completed New York State Fire Reporting Incident Report for the incident in question shall be submitted with this claim form. Failure to submit this report shall constitute grounds for rejection of this claim. If you report electronically, please generate a copy from that.

**7. Narrative:**

Attach a brief narrative describing the details of the incident for which the claim for reimbursement is being requested.

**8. Certification:**

**a. Attach a certified copy of a resolution of the local governing body or other authority for the submission of this claim.**

**b. I certify that the statements on this application and any attached papers are correct to the best of my knowledge and belief.**

Signature of Authorized Agent

\_\_\_\_\_ Name

\_\_\_\_\_ Title

\_\_\_\_\_ Date

State of New York        )  
County of \_\_\_\_\_) ss:

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_ who executed the foregoing instrument and she/he duly acknowledged to me that she/he executed the same.

\_\_\_\_\_  
Notary Public, State of New York  
(affix stamp)