



ANDREW M. CUOMO
Governor

JOHN P. MELVILLE
Commissioner, DHSES

BRYANT D. STEVENS
State Fire Administrator

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: Administrative 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:
(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:

(Name)

(Street Address Building name/number)

(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:

(Name)

(Address)

(City State Zip Phone)

4. List each item of firefighting costs eligible for reimbursement (add additional pages if necessary):
- a. Cost of salaries for specially employed personnel:

<u>Individual Hired</u>	<u>Cost Per Hour</u>	<u>Total Cost</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

- b. Rental cost for special equipment:

<u>Equipment Rented</u>	<u>Cost Per Hour</u>	<u>Total Cost</u>
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.):

<u>Item Expended</u>	<u>Units: Qts., Gals., etc.</u>	<u>Total Cost</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

- d. Cost of damaged or destroyed equipment:

<u>Item</u>	<u>Initial Cost*</u>	<u>Repair Cost +</u>	<u>Value Immediately Before Fire#</u>	<u>Salvage</u>	<u>Insurance Claimed/or Recovered</u>	<u>Total Cost</u>
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)