



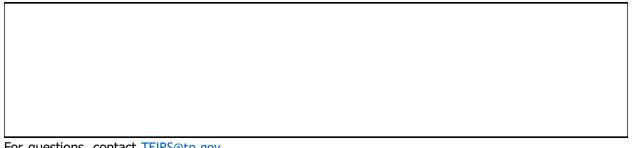
## **Requesting Organization**

Organization:
Organization Street Address:
Organization City, State, Zip:

## **User Information**

First Name:	Last Name:
Job Title:	
Phone Number:	Email:

## Remarks



For questions, contact TFIRS@tn.gov.

Pursuant to Tenn. Code Ann. § 68-102-111, a report of every fire that occurs in the state shall be prepared by the assistant to the Commissioner in whose jurisdiction the fire has occurred, and such report shall be provided to the Commissioner within ten (10) days of the fire's occurrence. The individuals signing below certify that all information included within this application is true and accurate, and that the applicant seeking access to the Tennessee Fire Incident Reporting System has been approved for such access by his or her chief officer.

User Signature:			_ Date:
Supervisor Signature:			Date:
	OFFICIA	AL USE ONLY	
Authorized:		Title:	
		_	
Signature:		Date:	

IN-1982 (Rev. 9/23)