

My Company Letterhead Here

December 29, 2015

_____ **FIRE DEPT**

_____, _____

RE: FIRE INCIDENT NO: _____
YOUR REPT NO: _____
OUR CLAIM NO.: _____
POLICY NO.: _____
DATE OF LOSS: _____
INSURED: _____
LOSS ADDRESS: _____

Dear Records;

We are investigating a fire loss that your department responded to. We are requesting a copy of the incident report to complete our investigation. Enclosed is a check for \$_____.

Also enclosed is our stamped return envelope for your convenience. Please forward the requested information to the address above at your earliest convenience.

Sincerely,

_____, P & C Adjuster
_____ Insurance Co.
() - Cell

Enclosures
Check No _____ for \$_____

