



TOWN OF SALEM
FIRE DEPARTMENT HEADQUARTERS
152 MAIN STREET
SALEM, NEW HAMPSHIRE 03079
BUSINESS: (603) 890-2200 FACSIMILE: (603) 893-3789
WWW.TOWNOFSALEMNH.ORG

INFORMATION ON OBTAINING AMBULANCE AND FIRE REPORTS

Both Ambulance and Fire Report requests must include a check in the amount of \$6.00, made payable to the Town of Salem, and a self-addressed stamped envelope. **No reports will be sent without the \$6.00 fee & the Self-Addressed Stamped Envelope. If the report is to be certified, the fee is \$20.00.**

Ambulance Reports: A written request must be submitted which includes the patient's name, date of service and location of the accident or address where the patient was picked up. A medical release form must also be included and *signed by the patient stating whom the information is to be released to.*

For Ambulance Billing – Any inquiries may be directed to our billing agency, *Comstar* at (978-356-3344)

Fire Reports: Must be accompanied by a written request which includes the date of the fire and the location.

All requests should be mailed to: Salem Fire Department
152 Main Street
Salem, New Hampshire 03079
Attention: Betty Oldeman

***Your report request has been received, but is missing the following:**

- Medical Release \$6.00 fee (**non-certified copy**) or: \$20.00 fee (**certified copy**)
- Self Addressed Stamped Envelope