

To fill out the form, you must download and open it in [Adobe Acrobat Reader](#)**1. Contact information**

Contact name	Date	Phone
Email	Municipality	
Street address	Payee number	

**2. Incident information**

Invoice number	Date of incident	Police file number
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If the police attended, please provide the officer's name and detachment.

Type of incident  Extrication  Vehicle fire  Other:

Location of incident

Times	Call received: <input type="radio"/> a.m. <input type="radio"/> p.m.	Arrival at scene: <input type="radio"/> a.m. <input type="radio"/> p.m.
	Leaving scene: <input type="radio"/> a.m. <input type="radio"/> p.m.	Return to station: <input type="radio"/> a.m. <input type="radio"/> p.m.
	Back in service: <input type="radio"/> a.m. <input type="radio"/> p.m.	Total time:      hours      minutes

**3. Description of incident**

Work performed	Start time	End time	Service performed
Extrication	<input type="radio"/> a.m. <input type="radio"/> p.m.	<input type="radio"/> a.m. <input type="radio"/> p.m.	
Fire fighting	<input type="radio"/> a.m. <input type="radio"/> p.m.	<input type="radio"/> a.m. <input type="radio"/> p.m.	
	<input type="radio"/> a.m. <input type="radio"/> p.m.	<input type="radio"/> a.m. <input type="radio"/> p.m.	
	<input type="radio"/> a.m. <input type="radio"/> p.m.	<input type="radio"/> a.m. <input type="radio"/> p.m.	
	<input type="radio"/> a.m. <input type="radio"/> p.m.	<input type="radio"/> a.m. <input type="radio"/> p.m.	

Other (provide details):

**4. Vehicle information**

Vehicle	Owner/operator name	Vehicle make/model	Licence plate number	Province/state
1				
2				
3				
4				

**5. Claim amount** (Total time x rate = total claim for service)

Total time	x Rate	= Total claim for service
hours	minutes	<input type="radio"/> \$1,107.67 (2025) <input type="radio"/> \$1,129.82 (2026) \$

Additional documentation to support your invoice can be attached to the email after you click Submit (e.g., clear event document, equipment invoices, etc.).