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**The Office of the Fire Commissioner**

**Request for Statistical Information Form**

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| **Date of Request:**  |
| **Contact Name:**  |
| **Company/Organization:**  |
| **Phone & Email Contact Info:**  |
| **Type of Info Requested: (what info are you interested in and what time period should information cover):**  |
| **Reason for Request (How will the information be used, who will info be shared with):** |
| **Date when information is required by:**  |

**Request forms can be submitted to OFC via:**

**Mail: Office of the Fire Commissioner** 508-401 York Avenue
 Winnipeg MB R3C 0P8

**Fax:** (204) 948-2089

**Email:** firecomm@gov.mb.ca