



INCIDENT/FIRE REPORT REQUEST FORM

Please Furnish Me With: A Copy Of An Incident Report
 A Copy Of A Fire Report
 A CD Copy Of Photos
 Call Log and Audio File

Incident/Fire Report Number: _____

Type of Incident/Fire: _____

Location/Address of Occurrence: _____

Date/Time of Occurrence: _____

Names of other Parties Involved: _____

Information Requested By:

Name: _____ Address: _____

Phone Number: (W) _____

(C) _____ Email: _____

What is your relationship with the incident/fire and or person involved?: _____

Why Do You Need A Copy: _____

Date: _____ Signature: _____

FOR DEPARTMENT USE ONLY

Approved By: _____ Denied By: _____

Picked Up By: _____ Date: _____

ID No.: _____ Released By: _____

Remarks: _____