REQUEST FOR Fire Information / Inspection Report

Fire Incident Reports cost $5.00 per address. Checks must be made payable to: CITY TREASURER.

NAME: _____________________________

STREET: _____________________________

CITY: _____________________________ STATE: _____________________________ ZIP: _____________________________

TELEPHONE: _____________________________ FAX: _____________________________

E_MAIL: _____________________________

Address of Inspection: _____________________________
Date of Inspection: (if known) _____________________________

Address of Inspection: _____________________________
Date of Inspection: (if known) _____________________________

Address of Inspection: _____________________________
Date of Inspection: (if known) _____________________________

Report(s) to be: * Mailed _______ E-Mailed _______

*Documents can be returned by mail only if a stamped self-addressed envelope is provided

Please mail this form along with your payment to:

City of San Diego Fire-Rescue Department
Community Risk Reduction Division
525 B Street, Suite 300
San Diego CA 92101