



THE CITY OF SAN DIEGO

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:

Community Risk Reduction Division
ATTN: RECORDS MANAGEMENT CLERK
600 B STREET, SUITE 1300
SAN DIEGO, CA 92101

FIRE DEPARTMENT USE
Amount Received: _____
Receipt #: _____
Check #: _____
Initials: _____
Date: _____

