



THE CITY OF SAN DIEGO

REQUEST FOR FIRE INCIDENT REPORT

Fire Incident Reports cost \$5.00 per incident.

Requests do not include the Investigation Report which is available only by subpoena. Checks must be made payable to: CITY TREASURER.

NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

Fire Incident Number: _____ Date of Incident: _____

Address of Incident: _____

Type of Incident: Structure Fire _____ Vehicle _____ Other _____

Fire Incident Number: _____ Date of Incident: _____

Address of Incident: _____

Type of Incident: Structure Fire _____ Vehicle _____ Other _____

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:

SAN DIEGO FIRE-RESCUE DEPARTMENT
ATTN: INCIDENT REPORTS CLERK
600 B STREET, SUITE 1300
SAN DIEGO, CA 92101

FIRE DEPARTMENT USE
Amount Received: _____
Receipt Number: _____
Initials: _____
Date: _____

