

**Carlsbad Fire Department Request
for Incident Report (non-medical)**

(PLEASE PRINT)

Today's Date: _____

Requestor's Name: _____

Mailing Address: _____

City, State, ZIP: _____

Phone #: _____

Please send me the report for an incident(s) that occurred as follows:

Incident Date(s): _____

Approximate Time(s): _____

Incident Location(s): _____

Type of Incident (i.e. house fire, traffic accident, etc.) _____

Please find my records fee of \$10.00 _____ **check** OR _____ **cash** enclosed.

MAIL THIS FORM ALONG WITH YOUR PAYMENT TO: our address below

IMPORTANT: Payment is required before your request can be processed. We will mail the report when ready for release.

Please note: Allow 10-14 days for processing.



Carlsbad Fire Department

Fire Administration 2560 Orion Way | Carlsbad, CA 92010 | 760-931-2141 | www.carlsbadfire.org