Carlsbad Fire Department Request for Incident Report

**(PLEASE PRINT)**

Today’s Date:

Requestor’s Name: \_

Mailing Address:

City, State, ZIP: \_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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: Allow10-14 days for processing.

**Carlsbad Fire Department**

**Fire Administration** 2560 Orion Way  Carlsbad, CA 92010  442-339-2141  [www.carlsbadca.gov](http://www.carlsbadca.gov)