

**Carlsbad Fire Department  
Request for Incident Report**

**(PLEASE PRINT)**

Today's Date: \_\_\_\_\_

Requestor's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

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

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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 | 442-339-2141 | [www.carlsbadfire.org](http://www.carlsbadfire.org)