



CITY OF RIVERSIDE FIRE DEPARTMENT FIRE PREVENTION DIVISION

REQUEST FOR FIRE INCIDENT REPORT

Fire Incident Reports cost \$5.35 per incident. Checks must be made payable to the "CITY OF RIVERSIDE."

NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

EMAIL ADDRESS: _____

Fire Incident Number: _____ Date of Incident: _____

Address of Incident: _____

Type of Incident: Structure Fire _____ Vehicle _____ Other _____

Electronic Copy:

Please return this form to prev@riversideca.gov. A secure payment link will be sent to pay the fee.

Hard Copy:

Please return this form along with your payment to: CITY OF RIVERSIDE

3900 Main Street, Third Floor Riverside, CA 92522

ATTN: Fire Prevention

* Requests by mail must include a self-addressed stamped envelope.

Please allow up to ten business days to receive your report.