



REQUEST FOR FIRE INCIDENT REPORT

Fire Incident Reports cost \$5.00 per incident. Checks must be made payable to the "CITY OF RIVERSIDE."

NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

Fire Incident Number: _____ Date of Incident: _____

Address of Incident: _____

Type of Incident: Structure Fire _____ Vehicle _____ Other _____

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.