



## REQUEST FOR FIRE INCIDENT REPORT

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

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL address: \_\_\_\_\_

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.