



**LOVELAND FIRE RESCUE AUTHORITY  
COMMUNITY SAFETY DIVISION**



**REQUEST FOR FIRE INCIDENT REPORT**

**DATE OF REQUEST:** \_\_\_\_\_

**CONTACT INFORMATION FOR AGENCY/PERSON REQUESTING THE REPORT -**

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

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

**PHONE NUMBER:** \_\_\_\_\_

**TYPE OF INCIDENT:** \_\_\_\_\_  
(Structure fire, vehicle fire, vehicle crash, medical incident, rescue, etc.)

**DATE OF INCIDENT:** \_\_\_\_\_

**ADDRESS OF INCIDENT:** \_\_\_\_\_

**INCIDENT #: (if known)** \_\_\_\_\_

**Purpose of Request:** \_\_\_\_\_ **Court Case** \_\_\_\_\_ **Personal** \_\_\_\_\_ **Other** \_\_\_\_\_  
If other was marked, please specify:

**Any Additional Information or Comments:** \_\_\_\_\_

**Signature of Person Requesting Report:** \_\_\_\_\_

**Directions for Submittal:** Complete the document and then e-mail to [bonnie.wright@cityofloveland.org](mailto:bonnie.wright@cityofloveland.org), mail, or hand-deliver to: Loveland Fire Rescue Authority, 410 E. 5<sup>th</sup> St., Loveland, CO 80537. The report fee will be determined after this form is received. You will be notified when the report is

**FOR FIRE DEPARTMENT USE ONLY**

**Report Fee:** \$ \_\_\_\_\_  
( \$5 - \$15 dependent upon # of pages )

**Date Paid:** \_\_\_\_\_ **Payment Type:** \_\_\_\_\_