



**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:  
<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  
ready.

\_\_\_\_\_

**FOR FIRE DEPARTMENT USE ONLY**

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

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