



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. 5th 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: _____