



Fire Department
316 Vernon Street, Suite 480
Roseville, CA 95678

Fire Department Incident Report Request

Date Requested: _____ Date Required: _____

Requestor's Information:

Name _____ Phone Number _____

Street Address: _____

City _____ State _____ Zip Code _____

Report Information:

Date of Incident: _____ Time of Incident (Approximate) _____

Location of Incident: _____

Report Requested for Incident Involving:

- Self Minor Child (Under 18) Spouse Other

Authorization Authority:

- Power of Attorney Release Letter Other

Identification Provided:

- Driver's License CA Identification Card Other

Identification Verified By: _____
Fire Department Staff Initials

Penalty of Perjury Statement

I declare under penalty of perjury, under the laws of the State of California, that the above is true and correct to the best of my knowledge.

Requestor's Signature

Date