



# CITY OF RIVERSIDE FIRE DEPARTMENT FIRE PREVENTION DIVISION

## REQUEST FOR FIRE INCIDENT REPORT

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

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

STREET: \_\_\_\_\_

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.