

INCIDENT REPORT REQUEST

INCIDENT INFORMATION

DATE OF
INCIDENT: _____

TYPE OF
INCIDENT: _____

STRUCTURE
VEGETATION
VEHICLE
MEDICAL AID

TIME: _____ AM _____ PM

LOCATION: _____

ADDRESS, ASSESSOR'S PARCEL NUMBER (APN) OR CLOSEST KNOWN LOCATION

CITY / STATE / ZIP

NAME OF BUSINESS, IF APPLICABLE

SEND REPORT TO THE FOLLOWING:

NAME: _____

ATTENTION: _____

ADDRESS: _____

CITY: _____

STATE / ZIP: _____

TELEPHONE: _____

COMPLETE AND MAIL THIS FORM TO:

RIVERSIDE COUNTY FIRE DEPARTMENT
ATTENTION: RECORDS
210 WEST SAN JACINTO AVENUE
PERRIS, CA 92570

INCLUDE A CHECK OR MONEY ORDER IN THE AMOUNT OF \$15.00
MADE PAYABLE TO:

RIVERSIDE COUNTY FIRE DEPARTMENT

CASH AND CREDIT CARDS ARE NOT ACCEPTED

PLEASE ALLOW 7 - 10 BUSINESS DAYS FOR DELIVERY