



## Request for Incident Report

California City Fire Department

20890 Hacienda Blvd.

California City, CA 93505

Phone: 760-373-4841

Incident Reports are available ten (10) working days from the date the incident occurred. The cost of the basic report is \$10.00 (additional fees may apply). We accept personal checks, business checks, certified checks or money orders only. Please include your Drivers License Number and Date of Birth if submitting a personnel or business check. Payments should be made out to California City Fire Dept.

The report can be obtained by mailing this completed form with payment to the address above. It is also available for pick up by calling in advance to place your order.

Incident Type:     Structure Fire     Medical Response     Vehicle Fire     Other

Date of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

Requester's Name: \_\_\_\_\_

Requester's Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Will pick up report

Please mail report to Requester's Address

Please mail report to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\* Reports relating to fire investigations of cause and origin may require a subpoena.**

---

**Internal Use Only**

Incident Number: \_\_\_\_\_

Date Mailed: \_\_\_\_\_

By: \_\_\_\_\_

Check #: \_\_\_\_\_