

# 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**