

INCIDENT REPORT REQUEST

INCIDENT INFORMATION

DATE OF INCIDENT: _____

TYPE OF INCIDENT:

STRUCTURE	<input type="checkbox"/>
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VEGETATION	<input type="checkbox"/>
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VEHICLE	<input type="checkbox"/>
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MEDICAL AID	<input type="checkbox"/>
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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