



FIRE/EMS REPORT REQUEST FORM FIRE AND EMERGENCY SERVICES

Office: (575) 647-7921

Fax: (575) 525-5998

Date of request: _____

Date of Incident: _____

Incident type:

Structure Fire:

Vehicle Fire:

EMS:

Other:

(type: CPR, chest pain, motor vehicle, etc.)

Location of Incident: _____

Incident Run/Case Number (if known): _____

Property Owner's Name: _____

Documentation Requested:

Written Report: _____

Photos: _____

Name of Requestor: _____

Phone Number: (____) ____ - ____ Address: _____

Mail to: _____

E-mail to: _____

Requestor Signature: _____ Date: _____

****For Office use only****

Number of pages: ____ Number of discs: ____

Date mailed/faxed to requestor: _____ Mailed/faxed by: _____