



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: ___

Location of Incident: _____

Incident Run / Case Number (if known): _____

Property Owners Name: _____

Documentation Requested:

Written Report: ___ (\$1.00) Per Page Photo's: ___ (\$2.00) Per Disk

Mail to: _____

Fax to: _____ E-Mail to: _____

Name of Requestor: _____

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

Picked up by: _____ Date: _____

For Office use only

Number of Pages: _____ Number of Discs: _____ Total Charge: _____

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