CITY OF ROSEVILLE CALIFORNIA

Fire Department
401 Oak Street, #402
Roseville, CA 95678

Fire Department Incident Report Request

Date Requested: _____ Date Required: _____

Requestor's Information:

Name _____ Phone Number _____

Street Address: _____

City _____ State _____ Zip Code _____

Report Information:

Date of Incident: _____ Time of Incident (Approximate) _____

Location of Incident: _____

Report Requested for Incident Involving:

☐ Self ☐ Minor Child (Under 18) ☐ Spouse

☐ Other _____

Authorization Authority:

☐ Power of Attorney ☐ Release Letter ☐ Other _____

Identification Provided:

☐ Driver's License ☐ CA Identification Card ☐ Other _____

Identification Verified By: _____
Fire Department Staff Initials

Penalty of Perjury Statement

I declare under penalty of perjury, under the laws of the State of California, that the above is true and correct to the best of my knowledge.

_____ _____
Requestor's Signature **Date**