



## DUNCAN FIRE DEPARTMENT – REQUEST FOR INCIDENT REPORT

Submitted requests for incident reports will be responded to as quickly as possible, and reports will be ready within two business days of the request. The Duncan Fire Department's office hours are Monday through Thursday, 7:00 a.m. to 5:30 p.m. If you have any questions, please contact the Duncan Fire Department Administrative Offices at (580)251-7728.

Incident Date: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

Incident Address: \_\_\_\_\_

Incident Type:       Medical     Hazardous Material(s)     Fire     Other

### PERSON OR BUSINESS ANGENCY REQUESTING REPORT:

Name (first, middle initial, last): \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  Check if same as incident address.

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Other: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_ . \_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Relationship to the report (ie: owner, patient, reporter): \_\_\_\_\_

### I WOULD LIKE A COPY OF THE REPORT IN ONE (OR MORE) OF THE FOLLOWING FORMATS:

- Paper (US Mail)
- Paper (Pick Up)
- Email
- Fax

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

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### OFFICE USE ONLY

Request Received By: \_\_\_\_\_ Date Received: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_  
(Print)

Incident Number: \_\_\_\_ - \_\_\_\_ Report Given: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

Report Sent:

- Paper (US Mail)- Attach Certificate of Mailing
- Paper (Pick Up)- Signature of Recipient: \_\_\_\_\_
- Email- Attach Delivery & Read Receipt
- Fax- Attach Facsimile Confirmation

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_