

# Garland Fire Department

## Fire Report Request

Date of Incident: \_\_\_\_\_ \* Incident # (If Known): \_\_\_\_\_  
\*must have a date or date range to complete request

Type of Fire: ( ) Structure/House ( ) Vehicle/RV/Boat ( ) Other \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Delivery method: Check one only  Please call when ready: (\_\_\_\_) \_\_\_\_\_ -  
I will pick up my report at:  
Garland Fire Department Administration  
1500 Highway 66  
Garland, Texas 75040

I would like my report mailed to:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please FAX my report to:  (\_\_\_\_) \_\_\_\_\_ -

Please FAX requests to: Custodian of Records  
(972) 781-7153

You may also mail or hand deliver requests to:  
Garland Fire Department  
Custodian of Records  
1500 Highway 66  
Garland, Texas 75040

Please allow 3 business days to complete

\_\_\_\_\_  
Signature Required

\_\_\_\_\_  
Date

