



## Spring Fire Department – Incident Report Request Form

**REPORTS WILL BE RELEASED UPON RECEIPT OF A \$25.00 PROCESSING FEE PER REPORT. FEES ARE TO BE PAID BY CHECK OR MONEY ORDER TO SPRING FIRE DEPARTMENT. NO CASH OR CREDIT CARDS ACPTED.**

656 E. Louetta Road Spring, TX 77373  
Office: 281-355-1266  
Fax: 281-355-1268

Today's Date:

Please fill out the following information pertaining to incident –

- 1) Incident Address
- 2) Date of Incident
- 3) Type of Incident 
  - a. VIN/LP (If applicable)  /
- 4) Time of Incident
- 5) Reason for Request
- 6) Person Making Request 
  - a. Return Mailing Address
  - b. Phone  -  -
  - c. E-mail Address
- 7) Relation to party Involved

Signature of person receiving report \_\_\_\_\_ Date \_\_\_\_\_

Signature of person releasing report \_\_\_\_\_ Date \_\_\_\_\_

\*\* Requests will be handled in the order which they are received. \*\* Please allow 7-10 business days for requests to be fulfilled.