



Fire Incident Report Request Form

City of Miramar Fire Rescue Department

14801 SW 27th St.

Miramar, FL 33027

(954) 602-3353

(954) 602-3981

<http://www.miramarfd.org>

Note: Please make sure you complete this form, providing as much information as possible. Attach all required documents. Enclose a check or money order made payable to the City of Miramar. Mail checks or money orders directly to the address listed above. **DO NOT MAIL CASH.**

INCIDENT INFORMATION

Date of Incident _____

Time of Incident _____

Location of Incident _____

Type of Incident _____ Incident Number (if known): _____

REQUESTING PARTY INFORMATION

Please print or type the required information below.

Date _____

Requesting Party Name _____

Mailing Address _____

Apt./Suite # City State Zip Code

Telephone Number _____

Fax Number _____

() Please mail the report

(X) Please call when ready for pickup

Note: Requests will be responded to within 10 business days.

OFFICIAL USE ONLY

Date Received _____

Fee \$ _____

Cash

Check

Date Copy Provided _____

Copy Released

Copy mailed

Copy faxed

Request Handled By _____

Comments _____