BOISE CITY FIRE DEPARTMENT

RECORDS REQUEST FORM

Name:_____

Company / Department:_____

Address:_____

Phone: ( )_____**Fax: ( )**_____

Email:_____

Please indicate type of information requested and be specific:

_____ **Incident Report**

(Date, Location, Incident #)

_____ **Fire Investigation Report**

(Date, Location, Incident #, Investigator)

_____ **Environmental Requests**

(Location of Storage Tanks, Hazardous Materials)

_____ **Other**

(Please Specify)

Request Received By:_____Date / Time:_____

Boise City Fire Department 333 N. Mark Stall Place Boise, Idaho 83704
Phone: 208.570.6500 **Fax:** 208.570.6586 **Email:** PRR_Fire@cityofboise.org