



Arvada Fire Protection District

Life Safety Division

FIRE AND EMS REPORT REQUEST

Date of Incident: _____ Date of Request: _____

Fire Incident Report #: _____

Address of Incident: _____

Type of Incident: _____ Fire _____ Medical _____ Auto Accident _____ Other (specify in comments)

Name of Individual(s) and/or Business Involved in Incident:

Comments Pertaining to Report:

Contact Information of Individual and/or Business Requesting Report:

BASIC REPORTS ARE \$5.00 (\$0.25/page additional for each page in excess of 7 pages)

Mail Request to:
Life Safety Division
Attn: Fire Marshal
7903 Allison Way
Arvada, CO 80005

In Person at AFD Headquarters*:
7903 Allison Way
Arvada, CO 80005
303-424-3012
M-F, 8am-5pm
*Please call ahead

Via Fax:
303-432-7995
Attn: Fire Marshal

Please allow 5-7 business days to process the request. All requests shall be paid in full before the requested reports will be released. Due to HIPAA laws regarding medical and auto accident patient confidentiality, the individuals involved must pick up the report personally –or– a legal release form signed by the individuals must accompany this request.