



119 Fox Street • Lemoore, California 93245 • (559) 924-6700 • Fax (559) 924-9003  
Fire Department

## REQUEST FOR FIRE INCIDENT REPORT

### CUSTOMER INFORMATION

Today's Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

For Department Use:
Date Received: _____
Due Date: _____
Date Completed: _____

### FIRE INCIDENT REPORT REQUEST

Incident Date: \_\_\_\_\_

Please check the incident type below and complete required information:

- Structure Fire- Address** \_\_\_\_\_
- Vehicle Fire – Make/ Model** \_\_\_\_\_ **License Plate** \_\_\_\_\_
- Fire (other) – Brief description** \_\_\_\_\_
- Non-Fire Emergency- Brief description** \_\_\_\_\_

**Note:** There is a \$10 fee for each fire report. Please send check or money order made payable to **City of Lemoore**. Cash payment accepted in the office. Please do not mail cash.

- Send to me by **mail**
- Pick up in **person**

Signature: \_\_\_\_\_

---

### **Return completed form to: Executive Assistant – City of Lemoore**

Mail: City of Lemoore  
119 Fox Street  
Lemoore, CA 93245

Email: [firedept@lemoore.com](mailto:firedept@lemoore.com)  
Fax: (559) 924-9003

Your request will be processed within ten (10) calendar days. If, due of the nature of the request, it is not possible to furnish the information that you have requested within ten (10) days, you will be notified within the ten-day processing period.