



# Richardson Fire Department

## Fire Report Request

**Requestor's Name:** \_\_\_\_\_ **Incident # (if known):** \_\_\_\_\_

**Date of Incident:** \_\_\_\_\_ **Location of Incident:** \_\_\_\_\_

### Comments:

---

---

### Delivery Method:

I will pick my report up at:  
**Fire Administration**  
**300 N Greenville Ave.**  
**Richardson, TX, 75081**

I would like my report emailed to: \_\_\_\_\_

I would like my report faxed to: \_\_\_\_\_

I would like my report mailed to:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Please send requests to:

Richardson Fire Department  
Fire Marshal's Office  
300 N Greenville Ave.  
Richardson, TX, 75081

Email: fmo@cor.gov

Fax: (972)-744-5796

**Signature of Requestor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**– Please Allow Up to 10 Business Days for Processing –**