



Fire Incident Report Request Form

City of Miramar Fire Rescue Department

14801 SW 27th St.
Miramar, FL 33027
(954) 602-4832
(954) 602-3981

<http://www.ci.miramar.fl.us/fire/>

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
Please fax the report
Please call when ready for pickup

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

OFFICIAL USE ONLY

Date Received _____ Fee \$ _____ Cash _____ Check _____

Identification Verified: Yes No Notarized medical release submitted: Yes No N/A

Date Copy Provided _____ Copy Released _____ Copy mailed _____ Copy faxed _____

Request Handled By _____

Comments _____