

Garland Fire Department

Fire Report Request

Date of Incident: _____ * Incident # (If Known): _____
*must have a date or date range to complete request

Type of Fire: () Structure/House () Vehicle/RV/Boat () Other _____

Location of Incident: _____

Delivery method: Check one only Please call when ready: (____) _____ -
I will pick up my report at:
Garland Fire Department Administration
1500 Highway 66
Garland, Texas 75040

I would like my report mailed to:

Please FAX my report to: (____) _____ -

Please FAX requests to: Custodian of Records
(972) 781-7153

You may also mail or hand deliver requests to:
Garland Fire Department
Custodian of Records
1500 Highway 66
Garland, Texas 75040

Please allow 3 business days to complete

Signature Required

Date

