

CITY OF COLUMBUS

COLUMBUS DIVISION OF FIRE

Emergency Services Bureau

3639 Parsons Avenue

Columbus, Ohio 43207

(614) 645-4128 T

(614)645-4204 Fax

PUBLIC INFORMATION REQUEST FORM

(The following information must be completed for all fire incident report requests; there is currently NO CHARGE for fire reports.)

DATE _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (____) _____ FAX (____) _____

Date of Incident _____ Approximate Time of Incident _____

Complete Address of Incident _____

Incident Type (car, house, etc.) _____

This request will be faxed. E-mailed, US Postal mail or available for pick up within (3) business days once the fire report has been received by the Emergency Service Bureau office for release. It may take up to (14) days before the report is received in the office. You may call the office at (614)645-4128 to determine if the report is available at any time.

(This section for Columbus Division of Fire personnel only)

Incident Report Number _____

Request Completed by _____

Date Faxed, Mailed or Pick UP _____