

City of Tempe
Fire Medical Rescue Department
P. O. Box 5002, Tempe, AZ 85280
1400 E. Apache Blvd
www.tempe.gov/fire



Incident Request Form

Cost: \$14.65 for report, \$14.65 additional if photos are requested Mail check

and form to: **Tempe Fire Medical Rescue Department**
P.O. Box 5002, Tempe, AZ 85280

Or

Email form to: FireRecords@tempe.gov and then call **480-858-7200** to pay by credit card

Today's date: _____

Incident # (if known): _____ - _____

Date and Time of incident: _____

Property Address:

Requested by: _____

Company Name: _____

Mailing Address: _____

Phone #: _____ Email: _____

Please include any special instructions in the space provided below.

How would you like the report sent to you? Check one. Email Mail

Disclaimer: The city of Tempe, a municipal corporation, its agents and employees, have provided the most complete information for documents available and assume no liability for incomplete or inaccurate documents or information.



Internationally Accredited Fire Department