



Richardson Fire Department

Fire Report Request

Date of Request: _____

Date of Incident: _____

Time of Incident: _____

Location of Incident: _____

Person making Request: _____

Incident # (if known): _____

Comments:

Delivery Method:

I will pick my report up at:

**Fire Administration
136 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 Marshals Office
136 N Greenville Ave
Richardson, TX, 75081

Fax: 972-918-0971

Email: FMO@cor.gov

Signature of Requestor _____

Date _____

-Please allow up to 10 business days-