



CITY OF MISSION FIRE DEPARTMENT

Gilbert Sanchez, Deputy Chief/Fire Marshal
Phone: 956-580-8711 - Fax: 956-580-8712

****REQUEST FOR INCIDENT OR INVESTIGATORS REPORT****

In order to more efficiently process your records release request, we ask that you complete this form.
This request shall be answered as soon as possible.

TO: City of Mission Fire Department
Attn: Cecilia Vega
415 W. Tom Landry Ave., Mission, Texas 78572

Request Date: _____ Incident #: _____
Approximate Time: _____ Date of Incident: _____
Address of Incident: _____

REQUESTORS INFORMATION

Name of Requestor: _____

Address: _____

Phone #: _____ Fax #: _____

e-mail Address: _____

TYPE OF REPORT BEING REQUESTED

Incident Report Investigators Report

Owner of Property _____
 Tenant _____
 Insurance Adjuster/Investigator Representing _____
 Attorney Representing _____
 Other (state relationship) _____

NOTE: THERE IS A CHARGE OF \$10.00 ASSOCIATED WITH THIS REQUEST