

Potosi Volunteer Fire Department Fire Report Request

Date of Request: _____ Person Making Request: _____

Phone Number: (____) ____ -- _____

Date of Incident: _____ Incident # (If Known): _____

Type of Fire: () Structure () Wildland () Other

Location of Incident: _____

Delivery method: Please e-mail my report to:

Please mail my report to: (Via USPS)

Please FAX my report to: (____) _____ - _____

There is a \$10 charge for all fire reports. Payment must be recieved in the form of a check or money order at the time of request. No request for a report will be processed without payment. This form is for fire report requests only. Due to patient privacy, medical reports will only be furnished to authorized persons with proper identification.

Please mail all requests for reports to:

Potosi VFD
PO Box 6988
Abilene, TX 79608

Please allow 7 business days for delivery.

Signature of Requester

Date