



AUSTIN FIRE DEPARTMENT



TEXFIRS Office

P. O. Box 1088

Austin, Texas 78767-1088

Telephone (512) 974-0196 Fax (512) 974-0162

Date of request: _____

REQUEST FOR AFD INCIDENT REPORT

Information Requested By:	For Office Use Only:	
Name: _____	Date Complete:	SCPY:
Agency: _____	Attachment Pages:	SRCH:
Address: _____	Labor Hours:	SDUE
City/State/Zip: _____	Invoice #:	
Contact Phone # (____) _____	Mail	Paid:

Information will be provided to the person/organization as entered above.

The above requests an Austin Fire Dept. incident report for a (check one):

Building fire Vehicle fire¹ Medical² Other _____

at (location) _____
Street Number Name of Street (Note: If at intersection, indicate both street names.)

AFD INCIDENT # (if known) _____ - _____ - _____ : _____ am / pm
Date occurred (Mo-Day-Yr) Approx. Time

Other additional information _____

* * * * *

1. If *vehicle fire* but no incident number indicated, please provide the following information:

Year _____ Make _____ Model _____

License Plate (____) _____ VIN # _____
State

2. All medical treatment is considered *confidential*. A *notarized* "Authorization for Medical Release" document may be required to accompany this form.

REQUESTER INFORMATION

- I. All requests for any AFD incident report must be **in writing**.
- II. Incidents occurring less than 1 week before the report date, or older than 3 years are considered to be "not readily available information" per the Texas Open Records Act. Labor charges are applicable for researching this information. **(Cost = \$18.00 per hour + 10 cents per letter-size page)**.
- III. An AFD agent will endeavor to provide the requested information within ten (10) days from time request was received. Copy charges are **10 cents per page**.
- IV. Due to the volume of requests, AFD incident reports *are not faxed* to the requester. Receipt of information is available via pickup, U.S. mail, or overnight mail on the requester's account number.