CYPRESS CREEKFIRE DEPARTMENT
11900 Cypress N Houston Road
Cypress, Texas 77429-5948
Phone 281 894-0151 • Fax 346-330-2220

Request for records or fire/incident report

Date of Request: _____

Type of Records/Report Requested: _____

Type and location of Incident: _____

Date of the Incident: _____ Time of the Incident: _____

Requester's Name: _____

Requester's Address: _____

_____

Requester's Contact number: _____

Requester's Email address: _____

Do you consent to receive the report via the email address provided? Yes / No

There may be a charge for paper copies, postage, or staff time to compile records if they are not readily available. You will be notified if a charge applies prior to fulfilling your request.

For Fire Department Use Only:

Did the requestor request this form via email? _____telephone?___Date: _____

If the requested report is not available when is the anticipated completion date: _____

Date the report is released: _____

Name of person releasing the report: _____