



# MONTGOMERY COUNTY ESD #7

East Montgomery County Fire Department

19870 FM 1485 West

New Caney, Texas 77357

Telephone (281) 689-3112 Fax (281) 689-7366



Date of Request: \_\_\_\_\_

## REQUEST FOR INCIDENT REPORT

<b>Information Requested By:</b>	<b>For Office Use Only:</b>	
Name: _____	Date Complete: _____	\$CPY: _____
Agency: _____	Attachment Pages: _____	\$RCH: _____
Address: _____	Labor Hours: _____	\$DUE _____
City/State/Zip: _____	Invoice #: _____	
Contact Phone # (____) _____	Mail Date: _____	Paid: _____

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

The above requests a East Montgomery County Fire Dept. incident report for a (check one):

**Building fire**       **Vehicle fire**       **Medical**       **other** \_\_\_\_\_

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

EMCFD 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 (\_\_\_\_) \_\_\_\_\_ State \_\_\_\_\_ VIN # \_\_\_\_\_

2. All medical treatment is considered *confidential*. Such information is not available for release.

### REQUESTER INFORMATION:

- All requests for any EMCFD incident report must be **in writing**.
- 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).
- An EMCFD agent will endeavor to provide the requested information within ten (10) days from time request was received. Copy charges are **10 cents per page**.
- Due to the volume of requests, EMCFD 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.

### SIGNATURE OF REQUESTER:

\_\_\_\_\_  
Name & Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Fire Dept Representative

\_\_\_\_\_  
Date