

# Fire Report Request Form

Date: \_\_\_\_\_

Send or Fax completed form to:

Oakland Fire Department  
Fire Prevention Bureau  
250 Frank H. Ogawa Plaza, Suite 3341  
Oakland, CA 94612  
Fax: (510) 238-6739

## Incident Information

Location: \_\_\_\_\_

Date of Loss: \_\_\_\_\_

Approximate Time: \_\_\_\_\_

Incident Number (if known): \_\_\_\_\_

## Contact Information

Name: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Fax Number and/or Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_