



INCIDENT REQUEST FORM

REQUIRED INFORMATION BELOW TO COMPLETE YOUR INCIDENT REQUEST:

- This form must be completely filled out
- \$15 check/money order made payable to **MANAGER OF FINANCE** and mailed to Denver Fire Investigations at 280 14th Street, Denver, CO 80202 (**Non-negotiable/NO CASH ACCEPTED**)
- A self addressed stamped envelope to return incident report or provide email address for electronic return
- Incident reports may take up to 30 days from date of incident to be completed and returned
- Investigation reports may take up to 60 days from date of incident to be completed and returned

- * Denver Fire Department does not maintain patient medical records
- * Denver Fire Department does not transport or bill patients
- * Medical/billing information can be obtained from Denver Health Hospital at: (303) 602-8000

****Incomplete requests will be returned in full with payment to sender with no further action****

REQUESTOR CONTACT INFORMATION
Individual/Company Name:
Address:
Phone Number:
E-mail Address <i>(Please note if you prefer the report emailed in lieu of sending a return envelope):</i>

REQUIRED INCIDENT INFORMATION		
Incident Number <i>(If known):</i>	Date of Incident:	Time of Incident <i>(If known):</i>
Incident Address/Location <i>(Please be specific):</i>		
Type of Incident <i>(Auto/bike/accident, EMS, medical call—please be specific):</i>	Please check all that apply: Building Fire <input type="checkbox"/> Vehicle Fire <input type="checkbox"/> Medical <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other <input type="checkbox"/> <i>(Please specify)</i>	
Additional Details <i>(Reports are identified by address, date, and incident number only):</i>		

**Pursuant to C.R.S. 13-21-109 and Section 53-3 of the City and County Ordinance:
 In the event that your check payment is returned unpaid for insufficient or uncollected funds, we may re-deposit your check electronically two (2) additional times in the ordinary course of business. Your check will not be provided to you with your bank statement, but a copy can be retrieved by contacting your financial institution. A Returned Check charge of \$20 and a Cost of Collection charge of \$30 will be assessed for any check returned not paid.*