

Municipality of Anchorage
Anchorage Fire Department
Instructions for Requesting an Incident Report

Office Hours: Tuesday – Friday, 7:00 AM – 4:00 PM

Location: 1301 E. 80th Ave. (Fire Station 12)

Phone Number: 267-5076 **Fax:** 249-7984

1. All requests for incident reports must be submitted in writing to Anchorage Fire Department Incident Reports. Please use the attached request form and include additional pages as needed.
2. Return the completed request form by fax or by mail.
3. You will receive your incident report in 3 to 5 business days, depending on the complexity of the incident. If there is a delay, due to an investigation or other factors, we will contact you.
4. There is no charge for an incident report.

NOTE: This request form cannot be used to obtain AFD Emergency Medical Service (EMS) records. Due to federal privacy laws, requests for medical records and patient care reports require signature verifications and or other release formats. Please call the EMS Records Custodian at 267-4944 for assistance.

Anchorage Fire Department
Incident Reports
267-5076

Municipality of Anchorage
Anchorage Fire Department
Request for Incident Report

Incident Date: _____ Time: _____ AM/PM

Incident Type: Structure Fire
 Vehicle Fire
 HazMat Incident
 Other _____

Incident Location _____

Location must be a specific physical address located in the Anchorage Bowl area. Major cross streets (for example Lake Otis and Tudor) will be accepted. However, latitude, longitude, and general geographic locations will not be accepted.

Owner: _____

Person Requesting Report: _____

Agency: _____

Mailing Address: _____

City/State: _____ Zip: _____

Phone #: _____ Fax#: _____

Will Pick-Up
 Fax
 Mail

Comments: _____

FOR OFFICE USE ONLY

Incident #: _____ # of Pages: _____

Person Taking Request: _____

Comments: _____