

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

Office Hours: Monday – Friday, 8:00 AM – 4:00 PM

Location: 100 E. 4th Ave 99501 (AFD Headquarters)

Phone Number: 907-267-4942 **Fax:** 249-7984 **E-mail:** afdincidentrequests@muni.org

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, mail or email.
3. Depending on the complexity of the incident, you will receive your incident report in 5 to 10 business days. If we are unable to meet that timeline, due to an investigation or other factors, we will contact you.
4. There is no charge for an incident report. However if research is needed the cost is \$40 per hour per address (min. 1 hr charge), \$0.30 per copy per page, and \$15 per photo CD or DVD.

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 907-267-4944 for assistance.

Anchorage Fire Department
Incident Reports
907-267-4942

Municipality of Anchorage
Anchorage Fire Department

100 E 4th Ave 99501

Phone: 907-267-4942 | Fax: 907-249-7984

E-mail: afdincidentrequests@muni.org

Request for Incident Report

Incident Date: _____ Time: _____ AM/PM

Incident Type: Structure Fire HazMat Incident
 Vehicle Fire 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#: _____

Email address: _____

Will Pick-Up Fax Mail Email

Comments: _____

*****NOTE - WE ONLY ACCEPT CHECKS AS A FORM OF PAYMENT*****

RESEARCH/COPY TIME: \$40.00 PER HOUR PER ADDRESS (MIN. 1 HR CHARGE) COPY

CHARGE: .30 PER COPY PER PAGE \$15.00 PER PHOTO CD or DVD

FOR OFFICE USE ONLY

Incident #: _____ # of Pages: _____