

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

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

Location: 100 E 4th Ave, Anchorage, AK 99501

Phone Number: 267-4944 **Fax:** 249-7984

Email address: 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, email, or mail.
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.

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 267-5076 for assistance.

Anchorage Fire Department
Incident Reports
267-4944



Anchorage Fire Department

100 E. 4th Avenue Anchorage, AK 99501
Phone: (907) 267-4944 Fax: (907) 267-4984
Email: AFDIncidentRequests@muni.org

Request for Incident Report

Incident Date: _____

Time: _____

Incident Type:

Structure Fire

Vehicle Fire

HazMat Incident

Other _____

Method(s) to receive report:

Will Pick-up

Fax

Mail

Email

Incident Location: _____

Owner: _____

Person Requesting Report: _____

Agency: _____

Mailing Address: _____

City/State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Comments: _____

Incident #: _____