SACRAMENTO METROPOLITAN FIRE DISTRICT
REQUEST FOR INCIDENT REPORT

Information for requesting an Incident Report

• $5.00 per report
• Checks, money orders & credit cards accepted only.
   – Make checks & money orders payable to: Metro Fire
   – Complete attached Credit Card Authorization form to pay by credit card.
• Reports are processed within 7 business days.
• If you choose to pick up the report, you will be contacted once it is available.

Paying by check or money order, mail to:	Paying by credit card, email or fax along with Credit Card Authorization Form (attached) to:
Metro Fire 10545 Armstrong Ave, Suite 200 Mather, CA 95655 ATTN: RECORDS	Email: incidentreports@metrofire.ca.gov Fax: (916) 859-3701

Incident Information

Type of Incident:	Incident # (if known):
Date:	Approx. Time:
Address or Intersection:	

Requestor Information

Name:		
Address:		
City:	State:	Zip:
Contact Phone #:		

How would you like to receive the report? (choose one)

☐ Mail report to my address above

☐ I would like to pick up the report (see mailing address above for pick up location)

☐ Fax report to:	☐ Email report to:

☐ Mail report to different address:

OFFICE USE ONLY	
Incident #:	Date Mailed:
By:	Check #:

SACRAMENTO METROPOLITAN FIRE DISTRICT
CREDIT CARD AUTHORIZATION FORM

Please print clearly and enter all of the information requested. A receipt will be included with the incident report.

Cardholder Information		
Name:		
Address:		
City:	State:	Zip:
Card Information		
Card Type: ☐ VISA ☐ MasterCard ☐ Discover		
Card Number:	Three-digit Security Code:	
Expiration Date:	Authorized Amount: $	
Billing Address:		
City:	State:	Zip:
Phone:	Email:	
Cardholder Signature:	Date:	

YOUR SIGNATURE HEREBY AUTHORIZES SACRAMENTO METROPOLITAN FIRE DISTRICT TO CHARGE THE CREDIT OR DEBIT CARD REFERENCED ABOVE FOR THE AMOUNT STATED ON THIS FORM.

FOR OFFICE USE ONLY

Incident #: _____

Date: _____

Account #: _____

Rcv'd By: _____