

Gila River Fire Department

5002 N. Maricopa Road P. O. Box 5083 Chandler, AZ 85226 (520) 796-5900 Phone (520) 796-5919 Fax



INFORMATION RELEASE FORM

To request incident reports please fill out the following information. The Gila River Fire Department will only answer requests for information submitted in writing and approved by the Fire Chief. The Gila River Fire Department will respond to all requests for information within fourteen working days.

Name of person/Agency requ	esting information:		92
Phone #:()			Email:
			*** <mark>***</mark> ********
Date of request:	—) <u>b</u> p		
Date of incident:		Time of	Incident:
Location of incident:	4	1	
Incident # if known:	4		9
Reason for request:	FIRET	ED	r. 5
*********	******	*****	<mark>*******</mark>
Department use only:			
Date received:		Identific	ation:
		Date due	back to requester:
Second Request:			back to requester:
Fire Chief/Chief Officer App	roval:		Date:

Thomas C. Knapp, Fire Chief