

MONTGOMERY COUNTY ESD #6

Porter Fire Department 23500 Loop 494 Porter, Texas 77365 Telephone (281) 354-6666 Fax (281) 354-2043



Date of Red	uest:		

REQUEST FOR INCIDENT REPORT

Information Requested By:	For Office Use Only:		
Name:	Date Complete:	\$CPY:	
Agency:	Attachment Pages:	\$RCH:	
Address:	Labor Hours:	\$DUE	
City/State/Zip:	Invoice #:		
Contact Phone #	Mail Date:	Paid:	
Information will be provided to the person/organizatio	n as entered above.		
The above requests an Porter Fire Dept. incident report for a (check of	one):		
\square Building fire \square Vehicle fire \square Medical 2	Other		
At (location) Street Number Name of Street (Note: If at is	ntersection, indicate both street na	mes.)	
PFD INCIDENT # (if known)	o-Day-Yr) Approx. Time	am / pm	
Other additional information			
* * * * * *	*		
1. If vehicle fire but no incident number indicated, please provide the	e following information:		
Year Make	Model		
License Plate () VIN #			

2. All medical treatment is considered *confidential*. Such information is not available for release.

REQUESTER INFORMATION:

- All requests for any PFD incident report must be in writing.
- Incidents occurring less than 1 week before the report date, or older than 3 years are considered to be "not readily available information" per the Texas Open Records Act. labor charges are applicable for researching this information. (Cost = \$18.00 per hour + 10 cents per letter-size page).
- A PFD employee will endeavor to provide the requested information within ten (10) days from time request was received. Copy charges are **10 cents per page**.
- Due to the volume of requests, PFD incident reports *are not faxed* to the requester. Receipt of information is available via pickup, U.S. mail, or overnight mail on the requester's account number.