

Washoe County Managers Office
Sierra Fire Protection District
P.O. Box 11130
Reno, NV. 89520-0027



Phone: (775) 849-1108
Fax: (775) 328-2709

Incident Report Request Form

Type of Incident: _____
(Examples: Structure Fire, Vehicle Fire, Medical, Vehicle Accident)

Date of Incident: _____

Time of Incident: _____ AM or PM

Address or Intersection of Incident: _____

Vehicle Information (if applicable): _____

Name of Requester: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

Please specify in detail all the information being requested: _____

Be advised that any incident report that is related to an anticipated or pending criminal case shall not be released without the approval of the Washoe County District Attorney's Office and the Fire Chief.

I prefer to: pick up the report at the address listed above.
 have the report faxed to the fax number I provided.

Medical Report Request* - Please complete the following information:

Patient First Name: _____

Patient Last Name: _____

Patient Address: _____

***If you are not the patient, you will need to complete the "Authorization to USE and Disclose Protected Health information" form. The original form must be signed by the patient, notarized, and mailed to the address above.**

IT MAY TAKE UP TO 30 DAYS TO PROCESS YOUR REQUEST. Submitting duplicate requests will not expedite the process.

Please fax the completed form(s) to (775) 328-2709 or deliver it in person to 1001 E. Ninth Street, Reno, NV 89512