



**Roswell Fire Department**  
**Request for Fire/EMS Incident Report**  
**Please Allow Three (3) Days for Processing**

|                       |                                    |
|-----------------------|------------------------------------|
| Person Making Request |                                    |
| Name:                 | _____                              |
| Representing:         | _____                              |
| Street Address:       | _____                              |
| City:                 | _____ State: _____ Zip Code: _____ |
| Telephone Number:     | _____                              |

Incident Number: \_\_\_\_\_

Incident Location: \_\_\_\_\_

Incident Description:

|                                |   |
|--------------------------------|---|
| <b>FOR DEPARTMENT USE ONLY</b> |   |
| Incident Number: _____         | RFD Employee Handling Request &<br>Date Report Delivered: |
| Date Received: _____           |   |
| Date Report QC'd: _____        |   |

Please email this report request form to the Roswell Fire Department Administration at [fire@roswellgov.com](mailto:fire@roswellgov.com).

EMS reports will only be released to the patient involved in the incident after showing proper ID or by subpoena or court order – they **CANNOT** be faxed or mailed.

Fire reports can be mailed to the address submitted on this form or picked up at the Fire Department's Administration Office.

Roswell Fire Department's Administration address: 1810 Hembree Road, Alpharetta, GA 30009  
Phone: 770-641-3730  
[www.roswellgov.com](http://www.roswellgov.com)