



CITY OF LONGVIEW
LONGVIEW FIRE DEPARTMENT
P.O. BOX 1952 Longview, TX 75606
FAX (903) 291-5322
EMAIL: firemarshal@longviewtexas.gov

FIRE RECORDS REQUEST

Records will be provided as soon as possible. You can receive your records via, fax, email, or in person. Please provide as much information as possible to prevent any delayed response to your request. A separate form is required for each request.

Date:

Requested by:

Requestor's Company:

Requestor's Address, City, St. & Zip:

Requestor's Phone:

Requestor's Fax:

Requestor's Email:

REQUESTED INFORMATION
(Please check all that apply)

Fire Incident Report Fire Investigation Report Building Fire Car Fire

Other: Describe:

Please do not use this form for Fire Prevention, occupancy, hazardous materials, underground tank, complaint, medical or ambulance billing records.

Date of Incident:

Time of Incident:

Incident Location: (address or cross street):

OFFICE USE ONLY

NFIR Number: _____ Request Completed by: _____