



# DENVER FIRE DEPARTMENT INCIDENT REQUEST FORM

**THE FOLLOWING INFORMATION IS REQUIRED TO  
COMPLETE YOUR INCIDENT REQUEST:**

- **This form completely filled out**
- **\$15 check\*/money order made payable to MANAGER OF FINANCE (NO CASH ACCEPTED)**
- **A self addressed stamped envelope to receive incident report**

CONTACT INFORMATION	
<i>Individual/Company Name</i>	
<i>Address</i>	
<i>Phone Number</i>	
<i>E-mail Address</i>	

INCIDENT INFORMATION	
<i>Incident Location and Description (i.e. – bike accident at 123 Main St—please be specific)</i>	<i>Date</i>
	<i>Time (if known)</i>

**PLEASE MAIL TO:  
DENVER FIRE DEPARTMENT  
INCIDENT REQUESTS  
745 W. COLFAX AVENUE, 3<sup>RD</sup> FLOOR  
DENVER, CO 80204**

*Please contact (720) 913-9933 with any questions.*

\*Pursuant to C.R.S. 13-21-109 and Section 53-3 of the City and County Ordinance:  
In the event that your check payment is returned unpaid for insufficient or uncollected funds, we may re-deposit your check electronically two (2) additional times in the ordinary course of business. Your check will not be provided to you with your bank statement, but a copy can be retrieved by contacting your financial institution. A Returned Check charge of \$20 and a Cost of Collection charge of \$30 will be assessed for any check returned not paid.