



**CAL FIRE – SCU  
INCIDENT REPORT REQUEST FORM**

**CASCU**  
FOR OFFICE USE ONLY –  
DO NOT WRITE IN THIS SPACE

**REQUESTING PARTY INFORMATION**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_\_) \_\_\_\_\_

**INCIDENT INFORMATION**

Incident Date: \_\_\_\_\_

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

Type of Incident (*i.e. - fire, vehicle accident, etc*): \_\_\_\_\_

**ADDITIONAL INFORMATION / COMMENTS**

  
  
  
  
  
  
  
  
  
  

**RETURN TO**

**Mail:** CAL FIRE – 15670 Monterey Road – Morgan Hill, CA 95037 – *Attn: Report Request*

**PLEASE NOTE**

All report requests are processed by the CAL FIRE Santa Clara Unit Prevention Bureau.  
It will take an estimated **Four to Six weeks** before your report is returned.  
If no report is found, you will be notified as soon as possible.