

Municipality of Anchorage  
**Anchorage Fire Department**  
**Instructions for requesting a Fire Incident**  
**Report**

**Office Hours:** Monday – Friday, 8:00 AM – 4:00 PM

**Location:** 100 E 4<sup>th</sup> Ave, Anchorage, AK 99501

**Phone Number:** 267-4942 **Fax:** 267-4984

**Email address:** afdincidentrequests@anchorageak.gov

1. This request form can only be used to request a fire incident that has occurred in the past. **For emergencies call 911.**
2. All requests for **fire** incident reports must be submitted in writing to Anchorage Fire Department. Please use the attached request form and include additional pages as needed. (This email address is not to be used to report active or live fire incidents, please call 911 if you have an emergency.)
3. Return the completed request form by fax, email, or mail.
4. We will notify you of the status of the report. Depending on the status (e.g. open investigation, fatality, arson or other factors of the incident) a fire report **may not be releasable for a period of time.** We will contact you if/when the status changes.
5. There may be a charge for a fire incident report.

This form **CANNOT** be used to obtain AFD Emergency Medical Service (EMS) records. Due to federal privacy laws, requests for medical records and patient care reports require signature verifications and or other release formats. Please call the **EMS Records Custodian at 267-5076** for assistance.

Anchorage Fire Department  
Fire Incident Reports  
267-4942



# Anchorage Fire Department

100 E. 4th Avenue Anchorage, AK 99501  
Phone: (907) 267-4942 Fax: (907) 267-4984  
Email: [afdincidentrequests@anchorageak.gov](mailto:afdincidentrequests@anchorageak.gov)

## Request for Incident Report

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

Time: \_\_\_\_\_

Incident Type:

Structure Fire

Vehicle Fire

HazMat Incident

Other \_\_\_\_\_

Method(s) to receive report:

Will Pick-up

Fax

Mail

Email

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

Owner: \_\_\_\_\_

Person Requesting Report: \_\_\_\_\_

Agency: \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Comments: \_\_\_\_\_

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Incident #: \_\_\_\_\_