

City of Corpus Christi/Fire Department
Request for Copy of Information

Date: _____

Name of Requestor and Company _____

Purpose for Request: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Description of Public Information Requested (Please use as much details as Possible.):

Date of Incident (Required): _____

Address of Incident (Required): _____

Description of Request:

Signature of Requestor

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For Official Use Only:

Received By: _____

Released By: _____

Vicki – fax number: 361-826-4331