



Travis County Fire Rescue

Open Records Request Form

Requestor Information

Full Name

Organization

Mailing Address

Email

Phone

Incident Information

Incident Number

Incident Date

Incident Location

Select Type of Report

Fire Incident Report Medical Incident Report Other

If Other, please specify

Description of Incident

Delivery Method

Email Mail In-person pickup

I acknowledge and understand that this request is made under the Texas Public Information Act. Some information may be withheld or redacted in accordance with state law

Printed Name

Signature

Date