

**CITY OF CORPUS CHRISTI/FIRE DEPARTMENT  
REQUEST FOR COPY OF INFORMATION**

**Date:** \_\_\_\_\_

Name of Requestor/Company: \_\_\_\_\_

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

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

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

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

**DATE OF INCIDENT (Required):**

\_\_\_\_\_

**ADDRESS OF INCIDENT (Required):**

\_\_\_\_\_

**DESCRIPTION OF PUBLIC INFORMATION REQUEST (Please use as much details as possible):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Signature of Requestor

PRINT NAME OF REQUESTOR: \_\_\_\_\_

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**For Official Use Only:**

Reviewed By: \_\_\_\_\_

Released Date: \_\_\_\_\_

Email Request to Desiree Meave at [DesireeM@cctexas.com](mailto:DesireeM@cctexas.com)