



DAISY MOUNTAIN FIRE DEPARTMENT  
41018 N. DAISY MOUNTAIN DR.  
ANTHEM, ARIZONA 85086

PHONE: (623) 465-7400  
FAX: (623) 551 - 5265

Requesting Company: \_\_\_\_\_

Name of Requestor: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ EXT. \_\_\_\_\_ Fax: \_\_\_\_\_

Report Requesting:

CHECK ALL THAT APPLY

Incident report

Other: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

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

Service Date: \_\_\_\_\_ Time of Call: \_\_\_\_\_ Call #: \_\_\_\_\_

Incident Address/Location: \_\_\_\_\_

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

Nature of Call: \_\_\_\_\_

Please forward report to me via:

Fax  Mail  Pick up  Other \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* Please note all requests will be responded to within 30 days from the date received.\*\***

Return completed form to legal@dmfd.org or fax to 623-551-5265 Thank you.