



York County Department of Fire and Life Safety Incident Report Request Form

I hereby request a copy of the following report:

Fire/Rescue EMS Animal Control

Date of Incident _____

Time of Incident _____

Name of Owner/Occupant/Patient _____

Location of Incident _____

Name of Individual Requesting _____

Company/Agency (if any) _____

Signature of Individual Requesting _____

Date Requesting _____