



**CITY OF GALVESTON**  
Fire Marshal's Office  
901 25<sup>th</sup> Street  
Galveston, Texas 77550  
Phone (409) 621-3190 or (409) 621-3191  
Fax (409) 621-3194

**RECORDS REQUEST**

Date Requested: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Delivered: \_\_\_\_/\_\_\_\_/\_\_\_\_

Requested by: Mail In Person Delivered by: Mail In Person  
Phone Fax Phone Fax

Name: \_\_\_\_\_ Agency  
Represented: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Date of Loss: \_\_\_\_/\_\_\_\_/\_\_\_\_ Case or incident Number: \_\_\_\_\_

Address of Loss: \_\_\_\_\_ Type of Incident: \_\_\_\_\_

\_\_\_\_\_ Copies of Fire Reports: X \$5.00 per copy = \$ \_\_\_\_\_

\_\_\_\_\_ Copies of Fire Code: X \$5.00 per copy = \$ \_\_\_\_\_

\_\_\_\_\_ Copies of Inspection Records: X \$5.00 per copy = \$ \_\_\_\_\_

Total Amount Due: .....\$ \_\_\_\_\_

Total Received: \$ \_\_\_\_\_ Receipt Number: \_\_\_\_\_ Check Number: \_\_\_\_\_

**Make checks payable to "City of Galveston"**

\_\_\_\_\_  
Signature of Person Requesting copies

\_\_\_\_\_  
Authorized Fire Personnel

In order for any records to be released from the City of Galveston, Fire Marshal's Office, this form must be completed and signed. All assessed fees must be collected prior to the release of information.