

Mayor  
**John J. Lee**

City Manager  
**Ryann Juden**

Council Members  
**Isaac E. Barron**  
**Pamela A. Goynes-Brown**  
**Scott Black**  
**Richard J. Cherchio**



### **City Clerk's Office**

Catherine A. Raynor, MMC, City Clerk

2250 Las Vegas Boulevard, North Suite 800 · North Las Vegas, Nevada 89030  
Telephone: (702) 633-1030 · Fax: (702) 649-3846 · TDD: 7-1-1 Relay Nevada  
[www.cityofnorthlasvegas.com](http://www.cityofnorthlasvegas.com)

### **FIRE INCIDENT REPORT REQUEST**

Incident Reports are considered public record and are available upon request. Requests for information, records, searches, etc. should be filed by the requestor in writing. Incident Reports are available for retrieval at the Fire Administration Building, by appointment only, with the Records Official during regular business hours noted above.

Submit your request online by completing the City's [Public Records Act Request form](#) or contact the City Clerk's Office at (702) 633-1030. A form can be sent via fax or e-mail as a convenience (whichever applicable). You may also visit our [website](#) for additional information.

Submit your completed Records Request Form (attached) by one of the following methods:

- Fax the City Clerk's Office at 702-649-3846. (Attn: Records Official)
- E-mail to [cityclerk@cityofnorthlasvegas.com](mailto:cityclerk@cityofnorthlasvegas.com)
- Mail the form to the City Clerk's Office (Attn: Records Official) at 2250 Las Vegas Boulevard North, Suite 800, North Las Vegas, Nevada 89030.

### **Helpful Hints**

- Submitting requests with complete information and/or required document(s) will allow for prompt processing.
- Duplicate submissions will not expedite your request. You will be notified of the appropriate amount due.
- Documents will not be released until payment has been received.
- Please allow up to five (5) business days for a response upon receipt of a completed request.
- Please Note: City of North Las Vegas does not maintain any fire incident records more than six (6) calendar years from the date of production.
- Any and/or all records that have reached the retention period have been destroyed in a secure manner.



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Office (702) 633-1030 | Fax (702) 649-3846  
[cityclerk@cityofnorthlasvegas.com](mailto:cityclerk@cityofnorthlasvegas.com)  
Office Hours: Monday – Thursday 8:00AM – 5:45PM (excluding Holidays)

### RECORDS REQUEST FORM

*Incomplete forms received will not be processed.*

Date of Request: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone No.

\_\_\_\_\_  
Email Address

Public Records Requested: (Select a Department(s) to Choose the Type of Records Requested)

- |  |  |
|--|--|
| <input type="checkbox"/> City Clerk        | <input type="checkbox"/> Finance                               |
| <input type="checkbox"/> Human Resources   | <input type="checkbox"/> Land Development & Community Services |
| <input type="checkbox"/> Police Department | <input type="checkbox"/> Utilities                             |

Date Range of Request: From: \_\_\_\_\_ To: \_\_\_\_\_

Information Regarding Your Request: *(Please specify in detail the type of records requested)*

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

Fire Department

Date of Incident: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approximate Time of Incident: \_\_\_\_\_ AM  PM

Location of Incident/Property Address: \_\_\_\_\_

Additional dates & times (if applicable): \_\_\_\_\_

EMS (Medical Aid) Report *(Notarized Release from Patient Required)*

For EMS Report: Patient Name (first, last): \_\_\_\_\_

Fire Report

For Vehicle Fire Report: Vehicle Information: \_\_\_\_\_