

**MISSISSAUGA**

**Request Form**  
**FIRE EMERGENCY INCIDENT REPORT**

**A fee of \$119.15 (HST incl.) per incident must accompany all requests for MFES Incident Reports.**

To request the report and make your payment using Credit please complete this form and email it to:

[fire.administration@mississauga.ca](mailto:fire.administration@mississauga.ca). Once the report has been processed you will be contacted for payment. Alternatively, you may make your payment by cheque or money order payable to the City of Mississauga and send it along with this form to the address below. Please allow up to 14 business days to complete your request.

**Mississauga Fire & Emergency Services Administration, Civic Centre, 300 City Centre Dr. 2<sup>nd</sup> fl, Mississauga, ON L5B 3C1**

A copy of the incident report will be sent by regular mail to the mailing address provided, or by email to the email address provided.

Preferred method of access to report:  Mail report  Email report

<b>Incident Information</b>			
Date of Incident (yyyy/mm/dd)		Time of Incident	Incident Number (If Known)
Street Number	Street Name or Location / Intersection		Suite/Unit Number
City		Province	Postal Code
Type of Incident <input type="checkbox"/> Fire <input type="checkbox"/> Vehicle (Accident/Fire) <input type="checkbox"/> Medical <input type="checkbox"/> Other (Please specify in additional details)			
Additional Details: Include any information that will help in the search for the correct incident, e.g. vehicle(s)description, type of incident (if "Other" selected). This will help ensure the appropriate incident report is released.			

<b>Applicant Contact Information</b>			
Company Name (if applicable)		Your File Number	
First Name		Last Name	
Telephone Number	Email		

<b>Mailing Address</b>			
Street Number	Street Name or Location / Intersection		Suite/Unit Number
City		Province	Postal Code
Signature of Applicant		Print Name	Date (yyyy/mm/dd)

**Office Use Only**

Date Request Received        /        /         
 YYYY      MM      DD

Date Report Sent        /        /         
 YYYY      MM      DD

**Payment Method:**

Cheque, number: \_\_\_\_\_

Credit, confirmation: \_\_\_\_\_

Personal information on this form is collected under the authority of the Fire & Emergency Services Fees and Charges By-Law 0165-2025. The personal information will be used for the processing and administration of your request. Questions about this collection should be directed to the Accounts Receivable Coordinator, Mississauga Fire & Emergency Services Administration, Civic Centre, 300 City Centre Dr. 2<sup>nd</sup> fl. Mississauga, ON L5B 3C1, Telephone: 905-615-4462.