

APPLETON FIRE DEPARTMENT REQUEST FOR RECORDS

Requestor Information – Please Print

| | | |
|-----------------|-------|-----------|
| First Name | MI | Last Name |
| Email Address | | |
| Mailing Address | | |
| City | State | Zip |
| Phone | Fax | |

Record Request Information

To aid in the location of the requested documents, please complete the following. Please be as specific as possible.

| | |
|---|--------------------------------------|
| Date of Incident (if known/available) | Incident Number (if known/available) |
| Location of Incident | |
| Record Requested (choose type): | |
| <input type="radio"/> Fire Incident Report <input type="radio"/> Fire Inspection Report <input type="radio"/> Fire Investigation Photos <input type="radio"/> Fire Investigation Report <input type="radio"/> Medical Incident Report <input type="radio"/> Other: _____ | |
| Involved Individual #1 | DOB |
| First Name MI Last Name | |
| Involved Individual #1 Address, City, State, Zip | |
| Phone | |
| Involved Individual #2 | DOB |
| First Name MI Last Name | |
| Involved Individual #2 Address, City, State, Zip | |
| Phone | |
| Additional Information/Description of records sought if not specified above | |

Records will be emailed unless otherwise noted.

Signature: _____ Date: _____

For City Use Only

| | | | | |
|-------------|---------------|--------------------------------|------------------------------|---------------------------|
| Reviewed By | Reviewed Date | <input type="radio"/> Approved | <input type="radio"/> Denied | Date Response Letter Sent |
|-------------|---------------|--------------------------------|------------------------------|---------------------------|