

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
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