



REQUEST FOR RECORDS

Date of Request: _____

Requestor Name: _____

Requestor Address: _____

Requestor Phone: _____

Requestor E-Mail: _____

Request for: _____

Reason for Request: _____

A minimum of 24 hours or more may be required to allow the Fire Department's office sufficient time to research and complete your request. You will be notified via phone and/or email when your request has been completed.

Fees *may* be charged for locating and copying records as stated in our municipal code, Section 1-23 (4)(c)