



Freedom of Information Act Request

You may request a copy of a report if it is not exempt as specified in the Freedom of Information Act.

Date request: _____

Name: _____

Address: _____
Street City State Zip

If no mailing address, requester will return on the fifth business day to receive response.

Signature

Your phone number _____ Incident report number _____

Name of person involved _____

Your relation to person involved ** _____

** If no one listed, we will consider there to be no relation.

Date of incident _____ Incident location _____

Nature or type of report NFIRS Basic Incident Report Investigation Report
 Photographs, if applicable Environmental
 Other _____

You may pick up the report at Fire Records or have it mailed to you after review and approval are complete. This can take up to five (5) working days to complete.

Will pick up

Please mail

You will be charged the allowable fees under F.O.I.A. or you need to show documentation showing that you, the requester, are receiving public assistance or other facts showing inability to pay due to indigence.

I, the requester, am not a party to any civil action against the City, or by the City against myself, and I am not acting on behalf of such a party involving the records I am requesting at this time. I agree to pay all allowable fees.

Signature

Fire use only

Number of pages _____ Pick up cost _____ Mail cost _____

U:\Firehall\Administration\FOIA Request Form.doc