

NORTH VIEW FIRE DEPARTMENT

REQUEST FOR RECORDS FORM

REQUESTOR NAME : \_\_\_\_\_  
ADDRESS : \_\_\_\_\_  
\_\_\_\_\_

DAY TIME PHONE # : \_\_\_\_\_

REPORT # \_\_\_\_\_ (IF KNOWN)  
APPROXIMATE DATE OF REPORT(S): \_\_\_\_\_

NAME OF PERSON(S) THAT IS/ARE INVOLVED IN INCIDENT:  
\_\_\_\_\_  
\_\_\_\_\_

RELATIONSHIP TO PERSON(S) ABOVE: SELF: \_\_\_\_\_ SPOUSE: \_\_\_\_\_ OTHER: \_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NORTH VIEW FIRE DEPARTMENT SHALL RESPOND TO A RECORDS REQUEST NO LATER THAN 10 BUSINESS DAYS AFTER RECEIVING THE REQUEST FOR RECORDS.

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FOR OFFICE USE ONLY - RESPONSE TO REQUEST.

\_\_\_\_\_ APPROVED - REQUESTOR NOTIFIED ON, \_\_\_\_\_, 200\_\_\_\_.

\_\_\_\_\_ DENIED - WRITTEN DENIAL SENT ON \_\_\_\_\_, 200\_\_\_\_.

\_\_\_\_\_ REQUESTOR NOTIFIED THAT OFFICE DOES NOT MAINTAIN RECORD; AND IF KNOWN, WAS ALSO NOTIFIED OF NAME AND ADDRESS OF AGENCY THAT DOES MAINTAIN RECORD ON \_\_\_\_\_, 200\_\_\_\_.

\_\_\_\_\_ EXTENSION OF TIME FOR EXTRAORDINARY CIRCUMSTANCES. REQUIRED NOTICE SENT \_\_\_\_\_, 200\_\_\_\_.

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REPORT FEES RECEIVED: \$ \_\_\_\_\_ REPORT # \_\_\_\_\_

PERSON RELEASING REPORT(S): \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF PERSON RECEIVING REQUEST: \_\_\_\_\_

DATE REQUEST RECEIVED: \_\_\_\_\_ TIME: \_\_\_\_\_