



Public Records Request

REQUESTOR INFORMATION

Name: _____ Date & Time: _____

Telephone #: _____ Fax #: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

How do you wish to receive this public record?

Email Fax Mail Pick up at station

Copy Charge: No charge first 10 pages, then 15¢ per page.
Fee is assessed on all media types, (i.e. paper, electronic).

INCIDENT INFORMATION

Please describe the records you are requesting in detail and any additional information that will assist us in locating this information for you as quickly as possible. Failure to provide sufficient information to identify the records may result in a denial of the request.

Date: _____ Fire Other _____

Copy of Identification of patient is required for any and all patient records.

DEPARTMENT USE ONLY

Request granted Record withheld Record partially withheld No record found

Number of Pages: _____ Copy Charge: _____

Records Officer: _____ Date & Time: _____