UNIVERSITY PARK FIRE DEPARTMENT
REQUEST FOR RECORDS

Name___________________________________________________________________
Address_____________________________________ Phone # ___________________________
City/State/Zip_________________________________________________________________

Information requested (i.e. fire report, EMS report, inspection record, etc. – NOTE: EMS reports will only be given to the patient, or patient’s guardian if patient is a minor. Valid picture ID required.)

Date/Time/Location of Incident:

Incident Number(s) (if known) ______________________________________________

Reason for request:

Signature____________________________________Date________________________

FEE = $ 25 per report Total $ ______________ Received ______________________

A RESPONSE TO MOST REQUESTS WILL BE MADE WITHIN 7 WORKING DAYS.

FOR OFFICE USE ONLY:

DATE RECEIVED:____________________ BY:____________________________________
REQUEST FILLED ON:__________________ BY:____________________________________
NOTES: