



NORTHSTAR FIRE DEPARTMENT



PUBLIC RECORDS REQUEST FORM

TODAYS DATE: _____

DELIVERY PREFERENCE:

REQUESTED RECORD TYPE:

APPLICANT INFORMATION

Applicant Name: _____

Company Name: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

PLEASE PROVIDE THE FOLLOWING DETAILED INFORMATION RELATING TO YOUR REQUEST

INCIDENT/INVESTIGATION REPORT REQUEST

Date of Incident:

Location of Incident:

PUBLIC RECORDS REQUEST

Request Details:

I hereby affirm that I have truthfully completed the Public Records Request Form and agree to operate this business in accordance with all Federal, State, local laws & ordinances, rules, and regulations.

Applicant's Printed Name

Applicant's Title

Applicant's Signature

Date

PUBLIC RECORDS REQUEST FORM

FOR OFFICE USE ONLY: DO NOT COMPLETE BELOW THIS LINE

Comments:

Incident Numbers: _____

Completed By: _____

Date Received: _____

Date Completed: _____

Page Count/Material Provided: _____