



Neenah-Menasha Fire Rescue

Request for Records

Date: _____

Time: _____

Requestor's Information:

Name: _____
First Middle Maiden Last

Company Name: _____

Address: _____
Street City State Zip

Phone: _____

Reason for Report Request: _____

Incident/Property Information:

Date of Incident: _____

Name: _____
First Middle Maiden Last

Address: _____
Street City State Zip

If the request is pertaining to a juvenile, please list your relationship to the juvenile:

Signature: _____

Office Use Only

Date Request Received: _____

Date Copy Sent: _____

Approved by: _____

Vernon A. Green - Assistant Chief / Fire Marshal

Payment for Copies Received: _____

If copy for request was denied:

Date Denied: _____

Denied by: _____

Reason for Denial: _____