



# Neenah-Menasha Fire Rescue

## Request For Records

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Maiden Last

Address: \_\_\_\_\_  
Street City State Zip

County: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Incident #: \_\_\_\_\_

Location: \_\_\_\_\_

Reason for Report Request: \_\_\_\_\_

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

\_\_\_\_\_

Signature: \_\_\_\_\_

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### Office Use Only

Date Request Received: \_\_\_\_\_

Date Copy Sent: \_\_\_\_\_

Approved by: \_\_\_\_\_

Adam Dorn - Assistant Chief / Fire Marshal

Payment for Copies Received: \_\_\_\_\_

If copy for request was denied:

Date Denied: \_\_\_\_\_ Denied by: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_