



# Request for Records

Please fill in all information and submit this form to:

West Allis Fire Department  
7332 W. National Ave.  
West Allis, WI 53214

Phone: (414) 302-8900, Fax: (414) 302-8927

Today's Date

Name

Company

Address

City  State  Zip

Phone  Fax  Email

Specific Records Request

-----**Fire Department Use Only Beyond this Point**-----

Type of Report Requested:  Ambulance  Fire  Other  
Incident Number: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Number of pages: \_\_\_\_\_ @ \$ 0.25 per page = \$ \_\_\_\_\_

Search Hours: \_\_\_\_\_ @ \$ \_\_\_\_\_ per hour = \$ \_\_\_\_\_

Mailing and/or shipping costs \$ \_\_\_\_\_

Total Search and Reproduction Costs \$ \_\_\_\_\_

<b>Fee Information:</b>	
Copies:	\$0.25 per page
Certification fee:	\$3.00
Ambulance Reports:	\$8.40
<i>Total fees, if exceeding \$5.00, shall be paid in advance. An additional fee will be assessed for records search and postage in some cases.</i>	

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

Received Via:  Mail  In Person  Fax  Phone

Request Approved:  Yes  No Authority: \_\_\_\_\_

If Denied, Reason: \_\_\_\_\_

Records Sent - Date: \_\_\_\_\_

Replied Via:  Mail  In Person  Fax

Date Paid: \_\_\_\_\_ Received by: \_\_\_\_\_ Cash / Check No.: \_\_\_\_\_