



Request for Records or Reports

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 (if applicable)

Current Address

City State Zip

Phone Fax Email

Specific Records
Request with
correct date &
complete address
noted

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

Type of Report Requested: Ambulance Fire Property

Incident Number: _____ Date of Incident: _____

Ambulance Report: _____ @ \$8.40 each = \$ _____

Number of b/w copies: _____ @ 0.25 per page = \$ _____

Number of color copies _____ @ 0.50 per page = \$ _____

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

CD of pictures (if available): _____ @ 1.00 each \$ _____

Mailing/Shipping Charge: \$ _____

Total Cost: \$ _____

Fee Information:

Certification fee: \$5.00

Ambulance Reports: \$8.40

Total fees, if exceeding \$5.00, shall be paid in advance.

Date Request Received: _____

Request received via: Mail E-Mail In Person Fax Phone

Date Records Sent: _____

Reply sent via: Mail E-Mail In Person Fax

Date Paid: _____ Received by: _____ Cash / Check No.: _____