



North Lincoln Fire & Rescue District #1
PO Box 200, Lincoln City, OR 97367
541-996-2233
541-996-5344 (Fax)
Website: www.nlfr.org

RECORDS REQUEST FORM

Please refer to the attached fee schedule for public records. Upon receipt of this request, along with your check or money order payable to North Lincoln Fire & Rescue, the requested records will be sent to you via mail, fax, email, or flash drive, according to your request.

Requestor information:

Name:	_____
Company:	_____
Address:	_____ _____
Phone:	_____
Fax:	_____
Email:	_____
Signature:	_____
Date:	_____

Please indicate type of information requested:

Incident Report

Date: _____ Time: _____

Location: _____

Type of Incident: _____

Other – Please specify the record requested: _____

Mail Report **Fax Report** **Email Report** **Mail Flash Drive**

Office use only

Request Received By:	_____	Date:	_____
Date Request Acknowledged:	_____	Via: Phone / Email / Fax / Mail	(circle one)
Fee Amount & Date Received:	_____		
Date Request Completed & Sent:	_____	Via: Email / Fax / Mail / Mailed Flash Drive	