



FIRE DEPARTMENT - CITY OF LAFAYETTE
 Records Department
 443 N. 4TH Street
 Lafayette, IN 47901
 (765) 807-1600



Request Form

SECTION A

CUSTOMER INFORMATION

Please print the required information below.

Name

Address

State

Zip Code

Telephone Number

Email

OFFICE USE ONLY

Search No. _____

LFD Staff
Accepted By/Initials: _____

Searched By: _____

Note: The Lafayette Fire Department does not charge a fee for reports unless the report would exceed 10 pages; at that time the fee incurred would be \$.10 per page. You can email completed form to srtaylor@lafayette.in.gov.

SECTION B

RECORD REQUEST

Please print the required information below.

House No

Street Name

Apt(s)

(Note: If you are requesting Section C, do not fill out the remaining section below)

INCIDENT DATE ____/____/____ INCIDENT REPORT NO. (If available) _____

Please check the incident type below (choose only one box):

- Building**
- Transportation - Type:** _____ **Make:** _____ **Plate:** _____
- Outdoors (provide description) -** _____
- Non-Fire Emergency (provide description) -** _____

SECTION C

REQUEST PHASE 1 - ENVIRONMENTAL ASSESSMENT REPORT

Please indicate the period to be searched:

From: ____/____/____ To: ____/____/____

We will only provide a listing of the incident dates found for the time period requested.

Note: Requests will be responded to within 5 business days.