JOSEPHINE FIRE DEPARTMENT

FIRE RECORDS REQUEST FORM

P.O. Box 99, Josephine, Texas 75164
Phone: (972) 843-7084 | Fax: (469) 717-0082

Use this form to request existing records maintained by the Josephine Fire Department. Requests must be submitted in writing. Please provide enough detail for the City to identify the records requested.

REQUESTOR INFORMATION

NAME | **PHONE** | **EMAIL**

MAILING ADDRESS | **CITY** | **STATE** | **ZIP**

INCIDENT INFORMATION

JFD INCIDENT NUMBER (IF KNOWN) | **DATE OF INCIDENT** | **APPROXIMATE TIME** | **TYPE OF INCIDENT**

INCIDENT ADDRESS OR LOCATION

NAME(S) OR PROPERTY INVOLVED

RECORDS REQUESTED

CHECK ALL THAT APPLY

- ☐ Incident report
- ☐ Fire report
- ☐ Inspection record
- ☐ Photographs
- ☐ Other

DESCRIBE THE RECORDS REQUESTED

Do not include a Social Security number or other sensitive personal information unless requested by the City.

PREFERRED METHOD OF ACCESS

- ☐ Electronic copy
- ☐ Paper copy
- ☐ Inspect records in person
- ☐ Other

IF OTHER, PLEASE EXPLAIN

Information that is confidential or excepted from disclosure by state or federal law may be withheld or redacted. Medical and patient-care information may require additional authorization. Any applicable charges will be assessed in accordance with Texas law and the cost rules adopted by the Office of the Attorney General.

SIGNATURE OF REQUESTOR | **DATE**

CITY USE ONLY

DATE RECEIVED | **COMPLETED / RELEASED** | **RELEASED BY** | **FEE**