



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, accompanied with the appropriate fee, the requested records will be sent to you per the method you select below.

As well as accepting checks or money orders payable to North Lincoln Fire & Rescue, we accept electronic payment through our website, nlfr.org. (Services, select Records Request. Please note there is a convenience fee for on-line payments.)

Requestor information:

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

Please indicate type of information requested:

<input type="checkbox"/> Incident Report	<input type="checkbox"/> Fire Investigation Report	<input type="checkbox"/> Medical Report
Date: _____	Time: _____	
Location: _____		
Type of Incident: _____		
<input type="checkbox"/> Other – Please specify the record requested: _____ _____		
<input type="checkbox"/> Mail Report	<input type="checkbox"/> Fax Report	<input type="checkbox"/> Email Report
<input type="checkbox"/> Mail Flash Drive	<input type="checkbox"/> Pick Up	

Office use only

Request Received By: _____	Date: _____
Date Request Acknowledged: _____	Via: Phone / Email / Fax / Mail / In Person (circle one)
Fee Amount & Date Received: _____	
Date Request Completed & Sent: _____	Via: Email / Fax / Mail / Pick up (circle one)