



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