



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



Request Form

SECTION A	CUSTOMER INFORMATION Please <u>print</u> the required information below.	OFFICE USE ONLY <hr/> Search No. _____ LFD Staff Accepted By/Initials _____ Searched By: _____
Name _____ Address _____ State _____ Zip Code _____ Telephone Number _____ Email _____		
Note: Email the completed form to ajevertt@lafayette.in.gov <i>Reports will be sent to the above provided email. Printed copies exceeding 10 pages may cost 10 cents/page. Pick up printed reports at Dept. Headquarters.</i>		

SECTION B	RECORD REQUEST Please <u>print</u> 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):	
<input type="checkbox"/> Building <input type="checkbox"/> Transportation - Type: _____ Make: _____ Plate: _____ <input type="checkbox"/> Outdoors (provide the description) - _____ <input type="checkbox"/> Non-Fire Emergency (provide the 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 found for the time period requested.
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Note: Requests will be responded to within 5 business days.