



WEST LAFAYETTE FIRE DEPARTMENT

RECORD REQUEST FORM

300 North Street, West Lafayette, IN 47906

Phone: 765.775.5175 Fax:765.775.5177



SECTION 1 – CUSTOMER INFORMATION (Please Print)	
Name	
Company (Legal/Investigative Representing Client)	
Mailing Address	
City, State	ZIP Code
Telephone	Email
Signature	Date
Note: There is a fee of \$0.03 per page for reports.	

FOR OFFICE USE ONLY	
Incident Report No. _____	
WLFD STAFF:	
Accepted By: _____	Date: _____
Searched By: _____	Date: _____
Authorized By: _____	Date: _____
Released By: _____	Date: _____

SECTION 2 – RECORD REQUEST (Please Print)		
House No.	Street Name	Business Name/Apt Name/Apt or Suite No.
Note: If you are requesting an Environmental Assessment Report, please skip to Section 3		
Incident Date:	Incident Report No.:	
Check the appropriate incident type below (choose only one):		
<input type="checkbox"/>	Building (location):	
<input type="checkbox"/>	Transportation – Type:	Make: Plate:
<input type="checkbox"/>	Outdoors (describe):	
<input type="checkbox"/>	Non-Fire Emergency (describe):	

SECTION 3 – PHASE 1 ENVIRONMENTAL ASSESSMENT REPORT (Please Print)	
Please list period to be searched:	
FROM:	TO: