

## Village of Hales Corners FIRE DEPARTMENT

*Michael A. Jankowski, Fire Chief* 10000 W. Forest Home Avenue, Hales Corners, WI 53130 Phone: 414-529-6168 Fire Administration Fax: 414-529-6169 www. halescornersfire.org

## \*\*\* RECORDS RELEASE REQUEST \*\*\*

In order to more efficiently process your records release request, we ask that you complete this form. This request shall be answered as soon as practicable.

TO:	TO: Village of Hales Corners Fire Department, At 10000 W. Forest Home Avenue, Hales Corners,			Records are billed at \$.50 per page plus postage, if applicable.
FROM:	Company		SEND TO:	Company
				· ·
	Name			Name
	Address			Address
	City, State ZIP			City, State ZIP
	Phone number	r		Phone number (fax) or e-mail address
Pleas	ase send request via	a: U.S. Mail 📃	FAX	Pick-up 🔄 E-mail 🛄
Request is being made for a copy of the following Hales Corners Fire Department record(s):				
Date of Inc	zident	Incident Number	Claim No. (if applicable)	Address of Incident
Date of Incident		Incident Number	Claim No. (if applicable)	Address of Incident
Other Records: (please provide a brief description of the records sought):				
Date: Signature:				
~ INTERNAL USE ONLY ~ Assigned To:				
<ul> <li>Open case file</li> <li>Pending criminal prosecution</li> <li>Active investigation</li> <li>Sensitive nature of Investigation</li> <li>Juvenile record</li> <li>Not complete</li> <li>Other</li> </ul>			□ Ser □ □	case file end original version end redacted version ] Personal/medical information ] Juvenile information ] Safe guard - informant ] Other