



NIXA FIRE PROTECTION DISTRICT

301 S. NICHOLAS ROAD NIXA MO 65714

PHONE 417-725-4025 FAX 417-725-2393

WWW.NIXAFIRE.ORG



INCIDENT REPORT REQUEST FORM

Today's Date:	Name:	
Date of Incident:	Phone:	Fax:
Incident Type:	Address:	
Location of Incident:	City/State/Zip:	
Description of Incident:		
Preferred Method of Delivery <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Pick Up <input type="checkbox"/> Email:		

NIXA FIRE PROTECTION DISTRICT RECORDS & REPORT REQUESTS REQUIREMENTS

Fees
The cost of copies of Fire and Incident Reports shall be **\$10.00** accepted in **cash or check** due at the time request is made.

Request and Response
Any District staff member who receives a verbal request shall document the details of the request and forward to the Fire Chief or designated personnel. Upon proper written request, the following may be released within 3 to 5 business days;

- The front page of a Fire Report/Incident Report
- This request is limited to the Incident Report and may not include all information available on an incident

I HAVE READ AND UNDERSTAND THE INFORMATION DESCRIBED IN THIS DOCUMENT.

Signature **Date**

OFFICE USE ONLY

Received Date:	Received By:	Paid <input type="checkbox"/> Cash <input type="checkbox"/> Check
Completed Date:	Title:	Check #:
Method Received: <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Website <input type="checkbox"/> Fax <input type="checkbox"/> In Person		