



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:	Person making request:
Report Type:	Phone:
Date of Incident:	Address/City/State/Zip:
Location of Incident:	
Purpose of Request:	
Description of Incident:	

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, _____, hereby make request for _____ report dated for _____ day of _____, 20____. I, _____ have read and understand the above information described in this document.

Signature

Date

Nixa Fire District Official

Title

Date Approved