



# CITY OF MADISON FIRE DEPARTMENT

*Debra H. Amesqua, Fire Chief*

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Fire Administration Fax: 608-267-1100 ♦ Fire Investigation Fax: 608-267-6960

## \*\*\* 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.

*Records are billed at \$.25 per page plus postage, if applicable.*

**TO:** City of Madison Fire Department, Attn: Records  
325 W. Johnson St., Madison, WI 53703

**FROM:** \_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State ZIP  
( ) \_\_\_\_\_  
Phone Number

**SEND TO:** \_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State ZIP  
\_\_\_\_\_  
Phone Number (FAX) or E-mail address

Please send request via: U.S. Mail  FAX  Pick-up  E-mail

### Request is being made for a copy of the following Madison Fire Department record(s):

\_\_\_\_\_  
Date of Incident      Incident Number      Address of Incident

\_\_\_\_\_  
Date of Incident      Incident Number      Address of Incident

Other Records: (Please provide a brief description of the records sought): \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

~ FOR INTERNAL USE ONLY ~

Assigned To: \_\_\_\_\_

- Open case file**
  - Pending criminal prosecution
  - Active investigation
  - Sensitive nature of investigation
  - Juvenile record
  - Not complete
  - Other

- Closed case file**
  - Send original version
  - Send redacted version

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_