



Central Oregon Coast Fire & Rescue  
PO Box 505, Waldport, OR 97394  
541-563-3121

Website: [www.centralcoastfire.net](http://www.centralcoastfire.net)

## RECORDS REQUEST FORM

Please refer to the attached fee schedule for public records. Upon receipt of this request, along with your check or money order payable to Central Oregon Coast Fire & Rescue, the requested records will be sent to you via mail, fax, email, or flash drive, according to your request.

### Requestor information:

Name:	_____		
Company:	_____		
Address:	_____ _____		
Phone:	_____	Fax:	_____
Email:	_____		
Signature:	_____	Date:	_____

### Please indicate type of information requested:

**Incident Report**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Type of Incident: \_\_\_\_\_

**Other** – Please specify the record requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Mail Report**     **Fax Report**     **Email Report**     **Mail Flash Drive**

### *Office use only*

Request Received By:	_____	Date:	_____
Date Request Acknowledged:	_____	Via: Phone / Email / Fax / Mail	(circle one)
Fee Amount & Date Received:	_____		
Date Request Completed & Sent:	_____	Via: Email / Fax / Mail / Mailed Flash Drive	