



City of Brookfield Fire Department
David Mason, Fire Chief
2100 N Calhoun Rd Brookfield, WI 53005
(262) 782-8932 Fax (262) 796-6687



Records Request

No person is required to use this form for their request, however, in an effort to fill your request in the shortest amount of time, please complete this form and be as specific as possible in your request. You will be contacted when your request is ready for review or pick up in compliance with Wisconsin State Statute Sec. 19.35(4). For further information on records request guidelines, please reference: Wisconsin Open Records Law – Wis. Stat. 19.35 and City of Brookfield Public Records Ordinance No. 2.60.

Requestor's Information		
Name	Company Name (if applicable)	
Mailing Address		
City	State	Zip
Phone Number	Fax	Email
Signature (<i>required</i>):		
Record Information		
Type of Record(s) Requested <input type="checkbox"/> Fire <input type="checkbox"/> Environmental Assessment <input type="checkbox"/> Other _____		
Incident Date or Date Range	Incident Number (if applicable)	
Incident / Property Address		
Patient Name (if applicable)	Date of Birth (if applicable)	
Description of Record(s) Requested		
For Fire Department Use Only		
Date & Time Received	Request Received via <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Fax	
Fire Department Approval <input type="checkbox"/> Approved <input type="checkbox"/> Approved with redactions <input type="checkbox"/> Denied		
Reason for Denial		
Date & Time Completed	Request Completed by	
Records/Written Denial Distributed via <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> In Person <input type="checkbox"/> Fax	Records Request Fee Charged	