



Lebanon Junction

Open Records Request Form

Lebanon Junction Fire Department

Requester's Name: _____

Date: _____

Companies name (if applicable): _____

Phone Number: _____

Email Address: _____

Date of Incident: _____

Type of Incident: _____

Are you the Property Owner? YES NO

Proof that you are the property owner will need to be presented with this form. If not the property owner or representing party, specific information will be redacted to protect privacy.

There is mandatory \$25 fee for processing and sending the requested incident form. Please make checks payable to the city of Lebanon Junction, Memo Fire Report. Cash is also accepted.

How would you like to receive a copy of this incident form?

Email

Mail

Address to be mailed: _____

Printed Name: _____

Signature: _____

Please allow **3-5 Business days from the time this form was submitted, for the form to be sent.*