

Mansfield Fire Rescue Open Records Request

FOR OFFICE USE ONLY

Open Record # _____

Date Received: _____ Due Date: _____ Received By: _____

Date to Legal: _____ Date from Legal: _____ Apprv'd by Legal: _____

Apprv'd by Fire Marshal: _____ Apprv'd by Fire Chief: _____

Date Released: _____ Amount Due: _____ AG Letter Sent: _____

BY SUBMISSION OF THIS DOCUMENT, I AM REQUESTING THE INFORMATION STATED BELOW. I HAVE GIVEN THE SPECIFICS AS TO WHAT INFORMATION I AM LOOKING FOR. I UNDERSTAND THAT SOME DOCUMENTS ARE SUBJECT TO NON-DISCLOSURE UNDER THE TEXAS GOVERNMENT CODE, PUBLIC INFORMATION ACT CHAPTER 552 AND OTHER RELATED LAWS. I FURTHER UNDERSTAND THAT THERE IS A FEE CHARGED PER REQUEST TO COVER THE COST OF REPRODUCTION OR COPYING FEES. THE INFORMATION THAT I AM REQUESTING IS DESCRIBED BELOW:

PLEASE PRINT ALL INFORMATION

TYPE OF REPORT OR NATURE OF INCIDENT:

REPORT NUMBER(S):

ADDRESS OF INCIDENT:

DATE OF INCIDENT:

REQUESTED BY (NAME): _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

SIGNATURE: _____

DAYTIME PHONE: _____

I UNDERSTAND THAT THIS REQUEST WILL BE PROCESSED WITHIN 10 BUSINESS DAYS OR AS SOON AS POSSIBLE. IF I HAVE ANY QUESTIONS, I MAY CALL 817-276-4790.



MAIL OR FAX BACK TO:
MANSFIELD FIRE RESCUE
ATTN: KRISTIN HART
1305 E. BROAD ST.
MANSFIELD, TX 76063
FAX (817) 276-4787