



# TOPEKA FIRE DEPARTMENT

## Records Request Form



### REQUESTOR INFORMATION

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### INCIDENT INFORMATION

Location/Address: \_\_\_\_\_ Report #: \_\_\_\_\_  
Date (Range): \_\_\_\_\_ Time (Range): \_\_\_\_\_  
Other Known Information: \_\_\_\_\_

### TYPE OF REPORT/RECORD

**Incident Report/NFIRS.** *Standard incident reports for fire calls and first responder calls.* \$5.00

**Patient Report.** *Please be advised that requests for patient reports will not be provided without written authorization from the person involved or by subpoena. The request and report will be forwarded to Legal for review.* \$5.00  
*I have submitted required documentation with this request. Yes No.*

**Fire Investigation Report.** *If determination is Accidental or Undetermined, the report may be available under the Kansas Open Records Act. If ruled Incendiary, it is only available to insurance companies pursuant to the Kansas Arson Reporting Immunity Act; Arson Immunity Letter must be submitted with request if applicable. (Fees may vary depending on length of report and other supporting documents). \$10.00 for CD of photos, if available.* \$10.00 (min)

**Environmental Impact/File Review Summary.** *The Fire Department does not maintain hazardous material storage records as this is the responsibility of the Kansas Department of Health and Environment. A review of the property file maintained by the TFD will provide inspection information and summary of the file contents.* \$10.00

Fees are for each address requested and are due in full prior to receipt of documentation. Please contact Business Services at (785) 368-0111 to make payment arrangements. Postage fees may apply if records are mailed. Requests for any other records besides those listed here should be made on a City of Topeka standard KORA request form and submitted to the City Clerk. **Your signature below acknowledges that you understand and accept financial responsibility for the fees associated with this public records request.**

**Requestor Signature:** \_\_\_\_\_

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

**Return Completed Form To:** *by mail:* Topeka Fire Department, 324 SE Jefferson St, Topeka, KS 66607  
*by Fax:* (785) 368-4030

### FIRE STAFF USE

REQUEST NUMBER: \_\_\_\_\_ Total Amount of Fees Due: \_\_\_\_\_

Request Received: \_\_\_\_\_ Payment Received: \_\_\_\_\_ Request Completed: \_\_\_\_\_  
Complete. Report was provided on \_\_\_\_\_ via \_\_\_\_\_ by \_\_\_\_\_  
In progress. \_\_\_\_\_ to provide you an update.  
In In order to complete your request, please submit the following by \_\_\_\_\_ or your request will be considered  
rejected and you may need to resubmit the request.  
☐ Fee Total of \_\_\_\_\_  
☐ Immunity Letter \_\_\_\_\_  
☐ Medical Release or Subpoena \_\_\_\_\_  
Denied/Rejected. \_\_\_\_\_  
Records exempt or restricted under state law and additional documentation was not provided  
TFD does not maintain or possess requested record.  
Report not complete. Please resubmit request after  
Payment of Fees not received  
Other: \_\_\_\_\_