FAIRFAX COUNTY FIRE AND RESCUE FREEDOM OF INFORMATION ACT REQUEST FORM (FOIAs)



Signatures and a minimum fee listed below are requested. Fees are non-refundable and may vary from those listed below, depending on research time and materials required. Please allow 5 work days for the response. * Medical requests must include a release form or authorization letter signed by the patient or legal guardian.

REQUESTOR INFORMATION NOTE: Form may be filled out online before printing, signing, and mailing.		
Name:	Day Phone:	
Company:	Street Address:	
City:	State:	Zip:
Please:mail reporthold report for pick-upfax report to (area code + #):		
INCIDENT INFORMATION		
Type of Incident / Report: * Medical Vehicle Fire Building Fire Other:		
Incident Date: Incident Time: :	AM PM	
Incident Street Address:	Incide	ent City:
Vehicle Make / Model (vehicle fire only):	Vehic	le Year:
Other Details:		
Signature:	Date:	
		(E) h
If any delays are anticipated in fulfilling this request, you will be contacted within five (5) business days.		
		Cut Here
Cut Here		
Cut Here		O credit cards
ONLY Money Orders and Checks (and Cash for Find minimum fee required in the list below	or Walk-ins) are accepted – N ow and include fee with your F	
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ONLY Money Orders and Checks (and Cash for Find minimum fee required in the list below Make checks payable to Fees are non-refundable. For any check returned for Mail this signed form and the appropriate fee to:	or Walk-ins) are accepted – Now and include fee with your FCOUNTY OF FAIRFAX on-Sufficient Funds (NSF), a \$35	FOIA request. 5.00 fee will be charged. escue
ONLY Money Orders and Checks (and Cash for Find minimum fee required in the list below Make checks payable to Fees are non-refundable. For any check returned for Mail this signed form and the appropriate fee to:	or Walk-ins) are accepted – Now and include fee with your F COUNTY OF FAIRFAX on-Sufficient Funds (NSF), a \$35 airfax County Fire and R	FOIA request. 5.00 fee will be charged. escue Floor
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