

LaGrange Fire Department
200 Ridley Ave.
LaGrange, GA 30240
706-883-2650

Open Records Request Form

Your Name: _____
Address: _____
Phone#: _____

I, _____, request all LaGrange Fire Department Fire Incident/Fire Inspection Reports pertaining to Incidents# _____ which occurred (date) _____ and/or occupants/owner _____ of property/properties at (address) _____

I understand that it will take up to three (3) business days for these reports to become available and the cost will be determined in accordance with the Georgia Open Records Act.

Requestor's Signature

Fire Personnel Receiving Request

Date/Time of Request

- NFIRS Report
- CD-R with Photographs
- Other _____

Start Date/Time _____

End Date/Time _____

LFD personnel preparing request
