



Sedgwick County Fire District 1

Administrative Office: 7750 N. Wayndotte Way - Park City, KS 67147
Phone: 316-660-3473 - www.sedgwickcounty.org - Fax: 316-660-3474



*Sedgwick County...
working for you*

INCIDENT REPORT REQUEST FORM

Information Requested By:

Name: _____ Company: _____

Address: _____

City: _____ State: _____ ZIP: _____

Primary Phone: _____ Fax: _____

Email Address: _____ Date of Request: _____

Preferred Method of Receiving Report:

Email US Mail Fax Pickup at Administrative Office

Incident #: _____ Incident Date: _____

Incident Location: _____

Incident Description: _____

Type of report requested

MEDICAL INCIDENT REPORT (Approval by the Medical Officer)

FIRE INCIDENT REPORT (Approval by the Deputy Chief and/or Fire Prevention Division)

FIRE INVESTIGATION REPORT (Approval by the Fire Prevention Division)

Within three business days of receipt a County department must either provide records requested; inform the requester when, how and at what cost they will be provided, or state why the records cannot be provided. In some instances, Sedgwick County Government may not have the records requested, or may need more than three business days to search.

Report Request Fees: Fire or Medical Incident Reports
(When requested along with the fire investigation report,
a single fee shall apply)

0 to 2 years after date of incident \$25.00 per incident
2 to 4 year after date of incident \$35.00 per incident
5 or more years after date of incident \$75.00 per incident

Payment is due at the time of application submittal. All fees are non-refundable.

Request forms may be faxed to 316-660-3474, submitted in person weekdays 8 am to 5 pm at the address above, emailed to scfd@sedgwick.gov, or mailed to the address above.

For Open Records and other information requests please use the RECORDS REQUEST FORM.

| | | | | |
|------------|----------------------|---------------------|--------------------|---------------|
| Admin Use: | YES NO | _____ | _____ | _____ |
| | APPROVED | DATE | APPROVED BY | TITLE |
| | | _____ | _____ | _____ |
| | | PAYMENT DATE | METHOD | AMOUNT |