

CITY OF COLUMBUS
COLUMBUS DIVISION OF FIRE
RECORDS MANAGEMENT
3639 PARSONS AVENUE
COLUMBUS, OHIO 43207
614-724-0829
614-645-0138 FAX



PUBLIC INFORMATION REQUEST FORM

(The following information must be completed for all types of public requests)
Please print or type

Name: _____ Date of Request: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____ Fax: (____) _____
Email: _____

Type of Records requested:

- Fire Incident Report
- EMS Patient Care Report
- Arson Investigation Report (Please contact ARSON at 614-645-3011)

Date of Incident: _____
Address of Incident: _____

(This section to be completed by Division of Fire Personnel Only)

Section Responsible for Records _____

Request completed by _____ I.D. Number _____

Dated Mailed _____ (or) Date picked up _____ (or) faxed _____
(or) Date emailed _____