



# Oak Bluffs Fire-EMS Department

6 Firehouse Lane P.O. Box 2131 Oak Bluffs, MA 02557  
Telephone: 508-693-5380 | FAX: 508-693-6726



## Fire Records Request Form

Requester's First Name: \_\_\_\_\_ Requester's Last Name: \_\_\_\_\_

Requester's Residential Address: \_\_\_\_\_

Requester's Mailing Address: \_\_\_\_\_

Requester's Cell Phone Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Requester's Home Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Requester's Email Address: \_\_\_\_\_

Below, list the date of the incident, location of the incident, and any other pertinent information that will locate the records you are requesting.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Requests for records will be processed in the order of which they are received  
and within 10 days as required by M.G.L. Chapter 66, Section 10.***

**Before signing this document, verify that the content you are signing is correct.**

Requestor's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date of Submission: \_\_\_\_\_

Time of Submission: \_\_\_\_\_

**----- Administrative Use Only -----**

Fire-EMS Chief Signature: \_\_\_\_\_

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

Fire-EMS Chief Name: \_\_\_\_\_

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

Deputy Fire Chief Signature: \_\_\_\_\_

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

Deputy Fire Chief Name: \_\_\_\_\_

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

Date of Release/Rejection: \_\_\_\_\_

Page Number of Records Furnished: \_\_\_\_\_

Method of Release/Rejection (Mail, Email, In Hand, etc.): \_\_\_\_\_

Name of Employee Supplying Records: \_\_\_\_\_

Number of Hours to Fulfill Request: \_\_\_\_\_