



CITY OF COVINGTON FIRE DEPT. PUBLIC RECORDS REQUEST FORM

100 E. Robbins St., Covington, KY 41011 Phone: 859-292-2340 Fax: 859-431-3315

Section 1: Contact Information

Name: _____

Business/Organization Name (if applicable): _____

Address: _____

E-Mail Address: _____ Phone: _____

Fax: _____

Is the information requested to be used for a commercial purpose: Yes No

Preferred Method of Delivery: Pick up U.S. Mail Fax Email

Section 2: Request

Records Requested (Please be as specific as possible in describing exactly what records you are requesting):

Applicant's Signature: _____ Date: _____

Section 3: Official Use Only

Received By: _____ Date Received: _____

3-Day Letter Sent: _____ Response Sent: _____

Occupancy: YES NO Pick up U.S. Mail Fax Email