



# FRONT RANGE FIRE RESCUE

## Request for Release of Records



DATE OF REQUEST: \_\_\_\_\_

FORM RECEIVED BY: \_\_\_\_\_

### CONTACT INFORMATION FOR PERSON/AGENCY REQUESTING RELEASE OF REPORT

FULL NAME: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL (optional): \_\_\_\_\_

REQUESTOR'S RELATIONSHIP TO INCIDENT: \_\_\_\_\_

### INFORMATION ABOUT RECORD(S) BEING REQUESTED

DATE / TIME OF INCIDENT: \_\_\_\_\_

LOCATION OF INCIDENT: \_\_\_\_\_

TYPE OF INCIDENT: \_\_\_\_\_

INCIDENT # (if known): \_\_\_\_\_

DESCRIBE TYPE(S) OF RECORDS REQUESTED: \_\_\_\_\_

FORMAT REQUESTED: Paper Copies \_\_\_\_\_ Electronic Records \_\_\_\_\_

PURPOSE OF REPORT RELEASE: Court \_\_\_\_\_ Personal \_\_\_\_\_ Other (specify below) \_\_\_\_\_

ADDITIONAL INFORMATION TO ASSIST WITH DETERMINATION OF AVAILABILITY OF RECORDS RELEASE:

SIGNATURE OF PERSON REQUESTING REPORT: \_\_\_\_\_

### FRONT RANGE FIRE RESCUE USE ONLY

ITEMIZED RECORDS RELEASE FEE: \_\_\_\_\_

FEES DUE: \_\_\_\_\_ DATE PAID: \_\_\_\_\_ RECORDS RELEASED BY: \_\_\_\_\_

ADDITIONAL INFORMATION: \_\_\_\_\_