



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: _____

Email completed form to info@frfr.co