

GRAND JUNCTION FIRE DEPARTMENT REQUEST FOR RECORDS

Today's Date: _____

REQUESTOR INFORMATION

| | | | |
|---------------------------|------------|----------------------------|-----------|
| NAME (Please Print) _____ | | Agency (if relevant) _____ | |
| Address _____ | City _____ | State _____ | Zip _____ |
| Phone Number _____ | | | |

RECORD(S) REQUESTED (EMS Records require a picture ID)

| |
|--|
| Incident #: _____ |
| Incident Date: _____ Incident Address: _____ |
| Type of Incident: <input type="checkbox"/> Fire <input type="checkbox"/> Medical (EMS) <input type="checkbox"/> Hazmat <input type="checkbox"/> Other: _____ |

I have reviewed and/or received copies of the records described above. I affirm that I shall not use the requested information for direct solicitation of business for pecuniary gain and acknowledge that such violation is a Class 3 misdemeanor under Colorado Revised Statute 24-72-309.

Requestor Signature: _____

DISPOSITION OF RECORD(S) - FOR OFFICE USE ONLY

| |
|---|
| FORWARDED TO: <input type="checkbox"/> Doug Lucas <input type="checkbox"/> Jim Bright <input type="checkbox"/> John Howard (EMS only) <input type="checkbox"/> Rick Beaty <input type="checkbox"/> Other: _____ |
| BY: <input type="checkbox"/> Miriam <input type="checkbox"/> Sharon <input type="checkbox"/> Sue |
| ACTION TAKEN: <input type="checkbox"/> Approved for release by: _____ Date: _____ <input type="checkbox"/> Released: Date: _____ <input type="checkbox"/> NFIRS approved for release without EMS Information (indicate date): _____ <input type="checkbox"/> Not released: _____ <input type="checkbox"/> Viewed by: _____ on (indicate date): _____ |
| FINAL STEP: <input type="checkbox"/> To Doug Lucas for his records <input type="checkbox"/> Follow up as indicated below |
| INSTRUCTIONS TO FRONT OFFICE: <input type="checkbox"/> Miriam <input type="checkbox"/> Sharon <input type="checkbox"/> Sue <input type="checkbox"/> Phone customer. OK to pick up or mail (if paid for). <input type="checkbox"/> Phone customer with the message indicated below: <input type="checkbox"/> See message (indicated below) _____ _____ |
| PROCESS COMPLETED ON: _____ BY: _____ |
| FINAL STEP: <input type="checkbox"/> FOR NFIRS: TO FIRE INVESTIGATIONS COORDINATOR FOR HIS RECORDS <input type="checkbox"/> FOR EMS: TO EMS COORDINATOR FOR FILING |