



FIRE

REQUEST FOR RECORDS

Fee: **\$.25 per page**

Date: _____

REQUESTORS INFORMATION

Name: _____ Agency or Relationship to Incident: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____

RECORD(S) REQUESTED

Incident Number: _____ Incident Date: _____

Incident Address: _____ City: _____ State: _____ Zip Code: _____

Incident Type: Fire Medical (EMS) HazMat 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 24-72-305.5

Requestor Signature: _____ Date: _____

OFFICE USE ONLY

Disposition of Record(s)

Fee: **\$.25 per page** # Of Pages: _____ Total Cost: _____ Date Paid: _____

Action Taken

Report Processed By:

Name: _____ Date: _____

Forwarded To:

Ambulance Billing Date: _____

Ambulance Billing Use

Obtained a copy of Photo ID from requestor