



REQUEST FOR RECORDS

Date: _____

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

REQUESTORS INFORMATION

Name: _____ Agency or Relationship to Incident: _____

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

Phone Number: _____

RECORD(S) REQUESTED (HIPPA protected records require a picture ID)

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 24-72-309

Requestor Signature: _____ Date: _____

OFFICE USE ONLY - Disposition of Record(s)

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

Forwarded To:

Investigations Operations Chief EMS Chief Fire Chief Administrative Chief Other _____

Taken By:

Name: _____

Action Taken:

Approved for release by: Signature: _____ Date: _____

NFIRS approved for release without EMS information Date: _____

Not released Reason why: _____

Final Step:

Forwarded to Investigations Forwarded to EMS Forwarded to HazMat

Forwarded to Other _____