



BERTHOUD FIRE PROTECTION DISTRICT

To Serve. To Care. To Support.

REQUEST FOR RELEASE OF RECORDS

SECTION 1: TYPE OF RECORD

FIRE INCIDENT REPORT

OTHER

PLEASE SPECIFY _____

SECTION 2: INCIDENT INFORMATION (IF FIRE INCIDENT IS CHOSEN ABOVE)

Date of Incident: _____

Incident Address/Location: _____

Incident #: _____

SECTION 3: REQUESTOR INFORMATION

Name/Company: _____

Address: _____

Phone: _____ Email: _____

Requestor's Relationship to Incident: _____

Reason for Request: _____

*To be released via (CHOOSE ONE):

Pick up - (name of person picking up): _____

US Mail, using address noted above

Email: _____

*A fee may be assessed for printed copies

Name (printed)

Signature

Date