

GREAT FALLS FIRE RESCUE DOCUMENT RELEASE FORM

I am listed in the below mentioned report or am authorized to legally request and hereby request copies of the following selected item or items in regard to a Great Falls Fire Rescue Report. If an item is designated as confidential criminal justice information pursuant to Montana Code Annotated § 44-5-103, or contains private information, I may not receive the item or the item may be redacted to remove confidential or private information. I am requesting the following documents and agree to pay all costs involved in providing the requested copies:

- ☐ Incident Report Incident Number: _____
- ☐ Fire
- ☐ EMS (may be released to the person named in the report, by notarized medical release, or court order)
- ☐ Hazardous Materials
- ☐ Other: _____
- ☐ Investigation Report Investigation Number: _____
- ☐ CD Photo
- ☐ Interviews
- ☐ Other: _____
- ☐ Safety Inspection Documents
- ☐ Duplicate Certificate
- ☐ Inspection Report
- ☐ Daycare Inspection
- ☐ Other: _____

Photo ID required

Incident Report: \$11.00
Investigation Report: \$100.00
Copies: 25¢ per page

Incident/Business Address: _____

Incident/Inspection Date: _____ Other Parties Involved: _____

Party/Business involved in report: _____ Date of Request: _____
(Example: Your Name/Client's Name Etc.)

Relationship to Requestor, if applicable: _____ Requestor's Phone Number: _____
(Example: Self/Attorney /Insurance Provider/Etc.)

Requestor's Name: _____

Requestor's Address: _____

Requestor's Signature: _____

(By signing this document, I certify that I have read it fully and understand the contents.)

State of _____ County of _____

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20 _____.

NOTARIAL SEAL

Notary Public for _____
Residing in _____
My Commission Expires: _____

Release Approved By: _____ Date: _____

Requestor Signature upon Receipt _____ Date: _____