

## **GREAT FALLS FIRE RESCUE DOCUMENT REQUEST FORM**

**Great Falls Fire Rescue incident/investigation/inspection documents may contain Confidential Criminal Justice Information (defined in MCA § 44-5-103), and can only be disseminated in limited situations per MCA § 44-5-303.**

**Select your role:**

- ☐ A person named in the report or involved in the accident (including businesses, property owners, etc.)
- ☐ The representative of the above person named in the report, designated in writing, or the insurance carrier
- ☐ A party to a civil action arising from the accident
- ☐ The executor, administrator, or attorney representing the executor or administrator if the person is deceased
- ☐ Criminal Justice Agency
- ☐ Other: \_\_\_\_\_

Upon making the request, **the requestor will be charged the non-refundable fee covering the cost of production (see below)**. The fee will not be refunded if an item does not exist, incorrect information was provided, requestor is not authorized to receive the report, or the report is not within the City's jurisdiction to release. If an item is designated as confidential pursuant to MCA § 44-5-103, or contains private information, the report may not be released, or may be redacted.

**Please mark the box for each item requesting:**

- ☐ Incident Report - \$15.00 due upon request
  - ☐ Fire
  - ☐ EMS (releasable only to the person named in report, by notarized medical release, or Court Order)
  - ☐ Hazardous Materials
  - ☐ Other: \_\_\_\_\_
- ☐ Investigation Report - \$100.00 (by subpoena only)
  - ☐ CD with Photos
  - ☐ Interviews
  - ☐ Other: \_\_\_\_\_

### *Incident/Business Information*

Great Falls Fire Rescue Report Number: \_\_\_\_\_ Incident/Inspection Date: \_\_\_\_\_

Parties/Business Named in Report: \_\_\_\_\_  
(Example: Your Name / Client's Name / Insured's Name / Etc.)

Incident/Business Address: \_\_\_\_\_

### *Requestor Information*

Requestor's Name and/or Organization: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Requestor Relationship to Report: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(Example: Self / Attorney / Insurance Provider / Etc.)

Requestor's Address: \_\_\_\_\_

I agree to pay the applicable non-refundable production fee (government exempt), any additional production charges, and I understand I will not immediately receive the items. By signing below, I have read and fully understand the contents of this request and am authorized to legally request the report. I declare under penalty of perjury and under the laws of the state of Montana that the foregoing is true and correct, pursuant to MCA § 1-6-105.

Requestor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Release Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Requestor's Signature upon Receipt: \_\_\_\_\_ Date: \_\_\_\_\_