



TROY FIRE DEPARTMENT RECORDS REQUEST FORM

Run Number _____ Record Type _____
Date Obtained _____ Time Obtained _____ Obtained By _____

Description of Report _____
Stored Location _____
Receiving Person _____
Affiliation _____

Fee Schedule: \$.05 Charge per page \$ Charge for each Disk per cost (Photos, Data, etc.)

Total Copies _____ X \$.05 = \$ _____
Total Charge _____ Check # _____
Signature of Person Receiving _____ (if receiving cash)

Disposition

Owner/finder Insurance Company Occupant Government Official
Attorney Other

Released to _____ Address _____

Signature _____ Date/Time _____

Released By _____ Title _____