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

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 _____