

RECORDS REQUEST FORM

Campbell County Fire Department

106 Rohan Avenue, Gillette, WY

*Required

Incident information:

*Incident Type: _____

*Address: _____

*Date: ____ / ____ / ____

Applicant information:

*Name: _____

Telephone: () _____

Agency: _____

Fax: () _____

*Relation to incident: _____

Cell: () _____

(Owner, Adjuster, Insurance agent,...)

Email: _____

Address: _____

Web: _____

Ref #: _____

--- PLEASE ALLOW 7 to 10 BUSINESS DAYS TO PROCESS YOUR REQUEST ---
REPORTS FOR OPEN INVESTIGATIONS WILL NOT BE RELEASED UNTIL THE INVESTIGATION IS CLOSED

*Desired method of delivery (please check)

E-mail

Mail

Fax

Call/email for pick-up

Special instructions: _____

*Signature of Applicant: _____

*Date of Request: ____ / ____ / ____

FOR OFFICE USE ONLY

Incident No.: _____

Investigator(s): _____

Multiple

Approved:

By: _____

Date: ____ / ____ / ____

Denied:

By: _____

Date: ____ / ____ / ____

Reason: _____

Released By: _____

Date Released: ____ / ____ / ____

Circle: Emailed Mailed Faxed Picked Up Delivered

Notes: _____
