



MISSOULA RURAL FIRE DISTRICT

Records Request – Incident Reports

Incident Information:

Please indicate below the following information regarding your request for MRFD incident report records. Please be as specific as possible to assist us in locating the appropriate records.

Date and Time of Incident: _____

Address/Location of Incident: _____

Type of Incident: _____
(Structure Fire, Motor Vehicle Crash, Medical Response, etc.)

Other Information: _____

Requesting Party Contact Information:

Requestor's Name: _____
(Printed Name)

Requestor's Office/Title: _____

For the Benefit of Whom: _____
(Homeowner, Insurance Company, etc.)

Mailing Address: _____

Contact Phone Number: _____

NOTE: CONFIDENTIAL RECORDS WILL NOT BE FAXED OR E-MAILED

Select which of the following reports you would like (if they are available): Please make checks payable to the Missoula Rural Fire District, or, MRFD.

- \$15.00 Fire Incident Report (no medical)
- \$20.00 Medical Incident Report
(requires a signed medical release form by the patient, or court order)
- \$25.00 Fire Investigation Report *(which includes the Fire Incident Report <no medical>)*

I do hereby make application to obtain a copy of public records of the Missoula Rural Fire District (MRFD) as identified above. I agree to prepay any fees associated with this request.

Requestor's Signature

Date: