



Denver Fire Department
Administration Division

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Requester Information

Today's date: _____

Name: _____

Organization: _____

Thank you for your investigation record request. Prior to releasing the record, it is required to have the requester acknowledge and agree to the following:

The records obtained from the Denver Fire Department shall not be used for the direct solicitation of business for pecuniary gain.

By signing below, you are indicating you have read, acknowledged, and agree to not use records from the Denver Fire Department for the direct solicitation of business for pecuniary gain.

Please review, sign, and return by email (DFDReportRequest@denvergov.org) or mail to 10 Galapago Street, Denver, CO 80223.

(Print) Name of person requesting record

Date signed

(Wet Signature) Name of person requesting record

Organization name

Location of record requested

Date of incident

Record number