



# Columbia River Fire & Rescue

## ADMINISTRATION OFFICES

270 Columbia Blvd \* St Helens, Oregon \* 97051  
503-397-2990 \* www.crfr.com \* info@crfr.com

## Records Request Form

All records requests are subject to a \$10, per document fee, Custodian of Records time per hour charge, and any applicable District Attorney fees per Policy 801.

Requesting Party: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

### Type of Document Requested:

- ☐ Fire Investigation Report
- ☐ Patient Care Report
- ☐ Other (\_\_\_\_\_)

### Preferred Method of Reception:

- ☐ Mail (addressed to: \_\_\_\_\_)
- ☐ Email (addressed to: \_\_\_\_\_)
- ☐ Pick up at CRFR Admin Office (270 Columbia Blvd. St Helens, OR 97051)

### Incident Reports Only:

Patient Name (if applicable): \_\_\_\_\_

Address of Incident: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Estimated Time of Incident: \_\_\_\_\_

### Payment for Report:

Charge per Report: \$10 Total Due: \_\_\_\_\_

Staff time (custodian) Total Due: \_\_\_\_\_

Payment Method: \_\_\_ Debit/Credit Card \_\_\_ Check \*Cash is NOT accepted\*

Card Number \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

(Card payment can also be made over the phone, M-Th from 8:00-5:00)

Signature of Requester: \_\_\_\_\_ Date: \_\_\_\_\_