



HOOKSETT FIRE - RESCUE

15 LEGENDS DRIVE, HOOKSETT, NEW HAMPSHIRE 03106

Tel: (603) 623-7272

Fax: (603) 626-6742

www.hooksettfire.org



Authorization to Release Fire Incident Information

Requesting Party: _____

Mailing Address: _____

Date(s) of Incident: _____

Incident Address: _____

Incident Type: Motor vehicle, Building, Brush, etc. _____

Reason for request: _____

I understand that the information used or disclosed pursuant to this request could be subject to re-disclosure by the recipient and if so, may not be subject to federal or state law protecting its confidentiality.

I understand that by requesting this release of the incident records, I also release the Hooksett Fire-Rescue Department from all legal responsibility or liability that may arise from the release of these records.

Date: _____

Signature of Requestor: _____

There is a \$15.00 fee due when requesting these records.

Please provide a stamped, self-addressed envelope to receive the requested records by mail. Thank you.