Please be advised	that the cost of a fire report for non-residents is \$30.00 pe
Requesting Date:	
Type of Report Requested:	
Date of Incident:	
Type of Incident:	
Location of Incident:	
Requester's Name:	
Requester's Address:	
Contact Number of Request	ter:
Contact Email of Requester	:
Amount Paid:	Cash Check #
Receipt to be made out to:	
Mode of release: Email	
whole of felouse. Emain	
	For Fire Department Use Only
Total number of pages of re	equested information:
Date information released:	
Dalassed Day	



South Montgomery County Fire Department 27900 Robinson R., Conroe, TX 77385

Information Release

I ______, give my permission to the South Montgomery Fire Department to release any and all documents, photographs, digital images, digital videos, and any other information that may be duplicated by your agency. I further give my permission that you may release said documents without redaction of information.

This information release is inclusive to the incident on the date of ______. No information should be released for any prior or subsequent incidents.

This information may only be released to the listed 3rd party bellow:

1.	 	 	
n			

Ζ.		 	
3.			

4. _____

Name:_____

Address:		 		

Phone:			
Phone.	 	 	

Signature:_____

Date:___/___/____