

Request for Information

Date of Request: _____

To be completed by person requesting information:

Name _____

Address: _____

Telephone: _____

Alternate contact number: _____

Comments: _____

Fire Report

Date of Incident _____

Address of Incident _____

Time of Incident _____

EMS Report

Date of Incident _____

Address of Incident _____

Name of Patient _____

Relationship to patient _____

Must also complete a HIPAA Release of Information form for EMS report

Requests are usually completed in 7 business days, but may take as long as 30 days if the records must be retrieved from storage; the requestor will be notified via telephone when the report is ready to be picked up.