

Tri-City Fire District

Nick Renon Fire Chief 4280 E. Broadway P.O. Box 83 Claypool, AZ 85532 Phone Number (928) 425-2721 Fax Number (928) 425-5392

Request for Fire/EMS Incident Report

(Notary only requires for EMS Report)

Report Information:				
Incident Number:				
Incident Date:			_	
Incident Time:			_	
Incident Location:				
Patient Name:			_	
Intended Use:			_	
Requestor:				
Name:				
Company:				
Address:				
Dhona Number				
Request Date:				
Signature:				
For Office Use Only:	Attorney Rep □	Release Form	Photo ID □	
Processed By:		Date:		
Authorized By:				
Picked up/Mailed on:		$\mathbf{p}_{\mathbf{w}}$		_

Notarized Medical Records Release Form

Ι,	do hereby authorize the Tri-City Fire District to release to/send			
to:				
Any reports or records	concerning medical c	are or procedures rendered to me		
On				
On(Date(s) of	Service)			
Signed:		Date:		
State of)			
)SS.			
County of)			
Subscribed and sworn	before me this	day of, 20,		
Ву				
Notary Public				