



TRAVIS COUNTY EMERGENCY SERVICES DISTRICT No. 2

PFLUGERVILLE FIRE DEPARTMENT
203 E. PECAN STREET PFLUGERVILLE, TEXAS 78660
Ph: (512) 251-2801

REQUEST FOR INCIDENT REPORT OR PUBLIC RECORD

Instructions:

Provide the information requested in the boxes below. This information is required to verify the District's response to an incident. This request must be presented along with the fee of \$2.00 to process the report. No cash is accepted, the fee must be paid by check, credit card or money order. Protected Health Information (PHI) will not be sent by e-mail.

THIS REQUEST IS FOR A COPY OF THE RUN SUMMARY REPORT PREPARED AFTER THE FIRE DEPARTMENT RESPONDS TO AN INCIDENT

A

Date of Incident: _____ Time of Incident: _____

Type of Incident: FIRE MEDICAL PUBLIC RECORD OTHER _____
Describe Other

Owner / Occupant / Patient Name: _____
Person(s) Involved

Address or Location of Incident: _____

All requests for PHI must be made in writing by the patient or the patient's designee (requires power of attorney). One form of identity verification is required before any information will be released.

IF YOUR REQUEST IS FOR A PUBLIC RECORD, YOU MUST PROVIDE SPECIFIC INFORMATION

B

You must describe in detail what information you are requesting:

C

Name of Person Making Request: _____

Mailing Address: _____

Phone No.: _____ Cell Phone: _____ Email Address: _____

Send Report to E-mail Address Send Report to Mailing Address Call When Ready for Pick Up

Identification
Verified

The District will respond to the request within ten (10) working days.

Request Received: _____ Date _____ Initial _____
Fee Paid: _____
Sent for Approval: _____
Approved: _____
Report Released: _____