



TRAVIS COUNTY EMERGENCY SERVICES DISTRICT No. 2
PFLUGERVILLE FIRE DEPARTMENT

REQUEST FOR INCIDENT REPORT OR PUBLIC RECORD

Form Number: ADM 018b

Revision Date: 01-2018

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.

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). The requestor must provide one form of identity before any information will be released.

IF YOUR REQUEST IS FOR A PUBLIC RECORD, YOU MUST BE SPECIFIC IN YOUR REQUEST FOR INFORMATION .

B

C

Name of Person Making Request: _____

Mailing Address: _____

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

Send Report to Email Address Send Report to Mailing Address Call When Ready for Pick Up

Identification Verified

The District responds to record requests within ten (10) working days.

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