



Vigilantly Serving Our Community

Brownsburg Fire Territory

REQUEST FOR RECORDS

IMPORTANT

Release of all ambulance run reports are regulated under HIPAA laws and may only be released to legally authorized entities.

1. Please read and initial

___ There is a \$ 15.00 fee per report for any agency requests.

Check # _____

Cash (EXACT AMOUNT ONLY)

Credit Card + Fee (\$ 3.95 flat for amounts up to \$100; 3.95% per amounts +\$100)

___ We reserve a five-day processing lead time.

2. Report(s) requested by

Your Name: Last • First • MI

Your Address • City / State / ZIP

Your phone number / email address

Fire Report Requests: Incident Address or Location **PLUS** Your Relationship to Incident
Medical Report Requests: Incident Address if Different from Patient's Residence

Incident Date(s)

3. When report(s) is/are ready

I will pick-up

Email report to: _____

Send secured fax to: _____

Mail to: _____

For Office Use Only:

Incident #(s): _____

Report Released: _____