



Montclair Fire Department  
P.O. Box 2308  
Montclair, CA 91763  
(909) 447-3540 Office

FOR OFFICIAL USE ONLY
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## Request for Information Form

Incident Reports are \$1 per report

Effective 08/16/2013

Medical records will be released only to the person who has been treated by the Montclair Fire Department or legal guardian if the person is a minor. All third party requests require written authorization, which is compliant with HIPAA regulations.	Date of request:
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### INCIDENT INFORMATION

Date of incident:	Time of incident:	Incident number:
Incident address/location:		Business name:
Type of incident: <input type="checkbox"/> Traffic collision <input type="checkbox"/> House fire <input type="checkbox"/> Business fire <input type="checkbox"/> EMS call <input type="checkbox"/> Other _____		

### PATIENT INFORMATION (IF APPLICABLE)

Patient name:	Phone number:	Date of birth:	
Address:	City:	State:	Zip code:

### REQUESTING PARTY INFORMATION

Name of person requesting information:	Company name (if applicable):		
Mailing address:	City:	State:	Zip code:
Phone number:	Fax number:		
Relationship to the incident:			
Type of information requested:			
Reason for request of information:			

### RELEASE OF INFORMATION: OFFICE USE ONLY

No records found

Signature of requesting party:		Print name of requesting party:	
<input type="checkbox"/> Proper ID shown	Information was released by: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Pickup	Request Logged in by: _____	Release no. _____
Approved by:	Release date:	Released by:	