



FIRE REPORT REQUEST FORM

This is a request for a copy of a fire or incident report. Please ensure you have the exact date and address in order for the request to be processed without delays. Once completed, click on the Submit button at the bottom right of the form, select your appropriate e-mail method from the pop-up menu, and when your e-mail opens click Send. Reports will be e-mailed or faxed within 3 business days of the date submitted.

If you have any questions, please call us at 850-891-6600 during our office hours Monday - Friday, 8a-5p.

Requestor Information:

Today's Date

Name (First, MI, Last)

Phone Number

How would you like the report sent to you? Please check one:

E-mail Email Address

Fax Fax #

Incident Information:

Incident Date Incident Type Incident Time

If type is not listed in drop down selections, you may type in a descriptor directly in the box.

If time is not known, leave blank.

Incident Address*

*Please include street # and street name, i.e. 123 Oak Lane. If incident did not happen at a specific address, include name of street or crossroads of intersection.

Relationship to Incident

Please select from drop down menu. If relationship not listed in drop down, please type directly in box.

Comments:

Please note that to ensure compliance with the privacy standards of the Health Insurance Portability and Accountability Act of 1996, (HIPAA), **medical records** cannot be delivered by electronic mail transmission (e-mail). Patient information will not be disclosed to anyone without appropriate authorization. Appropriate authorization includes: written request directly from the patient and proof of identity, authorization, subpoena, or court order. For more information on obtaining medical incident reports, please call 850-891-6600.

We reserve the right to charge for copies of reports.

TFD USE ONLY

Completed on: Completed by: