



**PARK FOREST FIRE DEPARTMENT
REQUEST FOR RECORDS**

Name _____

Company (if applicable) _____

Address _____ Telephone # _____

City/State/Zip _____

Information requested (i.e. fire report, Fire Prevention records, etc.) ***NOTE* A "Patient Request for Access" form should be completed for EMS record requests. EMS records are protected under HIPAA and will only be given to the patient or patient's guardian if patient is a minor. Valid picture ID required to obtain medical records.**

Date/Time/Location of incident:

Incident Number(s) (if known) _____

Signature _____ Date _____

A RESPONSE TO MOST REQUESTS WILL BE MADE WITHIN 5 BUSINESS DAYS.

FOR OFFICE USE ONLY:

Date Received: _____ By: _____

Request Filled On: _____ By: _____

Notes:

