

Roger R. Few Fire Chief

Signature

## Spanish Fort Fire - Rescue

7580 Spanish Fort Blvd ♦ Spanish Fort, AL 36527 Non Emergency / Business 251.626.8876 ♦ Facsimile 251.626.3473 www.spanishfortfire.org

Station 1 Station 2 Station 4

7580 Spanish Fort Blvd 10628 U.S. Hwy 31 9871 D'Olive Road

Spanish Fort, AL 36527 Spanish Fort, AL 36527

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## REQUEST FOR MEDICAL INCIDENT REPORT

## **Duly Appointed Personal Representative of a Deceased Person INSTRUCTIONS:**

- 1. This form is for use by duly appointed representatives of a deceased person.
- 2. All indicated information, documentation, and the required payment must be submitted with the form in order to obtain the record.

Duly Appointed Personal Representative (person making request for record): Name: FOR FIRE DEPARTMENT USE ONLY Incident #: Address: Request handled by: City / State / Zip: Date: Fee Required? Paid? Contact Phone #: Amt \$\_\_\_\_\_ Cash Check #:\_\_\_\_\_ Signature: **Patient** Information Patient's Name: \_\_\_\_\_ **Incident Information** Incident Date: \_\_\_\_\_ Incident Time: \_\_\_\_ Incident Location / Address: Please include the following with this request: Copy of requester's driver's license or other equivalent photo I.D. Copy of legal document that identifies requester as the personal representative. Payment in the amount of \$10.00, checks or money order payable to "Spanish Fort Fire Rescue" I affirm that I am the duly appointed personal representative for the named patient and that the information and documents presented are valid and true.

Please note that this request will be fulfilled as quickly as possible but may take up to 14 days.

Date

<sup>\*</sup>Upon completion of this request, forward request to Fire Chief for fulfillment. The research/duplication fee for incident reports is \$10.00 and if required, must be paid before records will be released.