



# 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

Roger R. Few  
Fire Chief

Station 1  
7580 Spanish Fort Blvd  
Spanish Fort, AL 36527

Station 2  
10628 U.S. Hwy 31  
Spanish Fort, AL 36527

Station 4  
9871 D'Olive Road  
Spanish Fort, AL 36527

## REQUEST FOR MEDICAL INCIDENT REPORT Patient Requesting his/her Own Record

### INSTRUCTIONS:

1. This form is for use by adult patients (18 years or older) requesting a copy of a care report.
2. All indicated information, documentation, and the required payment must be submitted with the form in order to obtain the record.

### Patient information:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City / State / Zip: \_\_\_\_\_  
 Contact Phone #: \_\_\_\_\_  
 Email: \_\_\_\_\_

<b><u>FOR FIRE DEPARTMENT USE ONLY</u></b>	
Incident #:	_____
Request handled by:	_____
Date:	_____ Fee Required? ___ Paid? ___
Amt \$	_____ Cash Check #: _____
Signature:	_____

### 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.
- Payment in the amount of \$10.00, checks or money order payable to "Spanish Fort Fire Rescue"

**I affirm that I am the patient indicated above and that I am requesting a medical incident report for care I received from the Spanish Fort Fire Rescue Department, Inc.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\*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.