

**FIRE DEPARTMENT INCIDENT RECORDS**  
Request Application



**SAN MARCOS**  
DISCOVER LIFE'S POSSIBILITIES

Written requests are required for copies of fire incident reports. Upon receipt, the department has up to 10 days to respond. Documents will be provided at the earliest opportunity.

**Date Requested** \_\_\_\_\_

**Record Requested:**

**Fire Report Only**

**Medical Care Report**

\*Note: Medical CareReport(s) will only be released upon submittal of a completed SMFD Form #A019, Health Information Release Authorization, or subpoena.

**Billing Report**

**Preferred Delivery Method:**

**In Person**

**U.S. Mail (postage costs apply)**

**Email** \_\_\_\_\_

**Name of Requestor:** \_\_\_\_\_

**Relation to Patient:**

**Self**

**Name of Patient:** \_\_\_\_\_

**Parent/Guardian**

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Legal Representative**

**Address:** \_\_\_\_\_  
 (Number) (Street) (City) (State) (Zip)

**DESCRIPTION OF PUBLIC RECORD**

**Name of Person(s) Involved:** \_\_\_\_\_

**Date of Incident:** \_\_\_\_\_ **Location of Incident:** \_\_\_\_\_

**Comments:**

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**OFFICE USE ONLY**

Request Approved

Request Denied

Fire Chief/Authorized Designee