

Garland Fire Department

EMS Report Request

Date of Incident: _____ Incident # (If Known): _____

Location of Incident: _____ Time of Incident: _____

Delivery method:

- Please Fax my report to: (_____) - _____
- I will pick my report up at Fire Administration located 1500 Highway 66
- I would like my report mailed to:

Name: _____
Address: _____
City/State/Zip: _____

Fax request to: Custodian of Records (972) 781-7153

Mail request to: Garland Fire Department
Custodian of Records
1500 Highway 66
Garland, Texas 75040

Hand deliver request to: 1500 Highway 66, Monday – Friday 8:00-5:00
Garland, Texas 75040

Please allow 5 days for delivery

Name of Patient: _____

(You must be patient, parent/guardian or produce a subpoena to receive medical records)

The following information is required for a copy of an EMS REPORT: (please print)

Driver's License # or other form of ID#: _____

Initials of person verifying I.D. (Internal Use Only):

Faxed or mailed requests must also include a readable clear copy of your driver's license, government issued photo I.D., subpoena or signed HIPAA release form.

Printed Name of Requester

Telephone

Signature of Requester

Date of Request

