## Garland Fire Department EMS Report Request

Date of Request:	_ Person Making Request:
·	Please print
Address:	
Contact Telephone #: ()	<u>-</u>
The following information is required for a copy of all EMS RECORDS:	
Number of Driver's License or other f Initials of person verifying I.D. (Internal Use Only):	form of government issued ID:
Name of Patient:	
Date of Incident:	EMS Incident Number (only if known):
Address of Incident:	Approximate time of Incident:
Please choose <u>ONE:</u> I would like my report mailed to the please Fax my report to: (  I will pick my report up at Fire Ad	
Please fax requests to: Garland F	ire Department (972) 781-7153
Custodian 1500 High	ire Department of Records
Please alloy	w 3 business days for delivery
Faxed or mailed requests must include a subpoena, or signed HIPAA release do	readable clear copy of your driver's license, government issued photo I.D., ocument for medical records. I understand this is Protected Health guardian, and have written authorization, written permission, or Power of
Signature of Requester	