REQUEST FOR FIRE DEPARTMENT INCIDENT RECORDS

City of San Marcos
1 Civic Center Drive
San Marcos, CA 92069
(760) 744-1050 x 3100

Requests for copies of fire incident reports will require that a written request be submitted. The department has up to ten (10) days to respond to the request. Documents will be provided at the earliest opportunity, consistent with the workload of department staff. The cost for copies is $15.00 per request. Payment must be made prior to release of copies.

Date Requested:	**Date Required:**	**Name of Requestor:**
❑ **Fire Report Only** ❑ **Medical Care Report*** **Note*: Medical Care Report(s) will **only** be released upon submittal of a completed SMFD Form #A019, Health Information Release Authorization, or subpoena.*	❑ **Request Approved:** ❑ **Request Denied:** **By:**____________________ **Fire Chief** ❑ **Requestor will Pick-up** ❑ **Mail Report(s):**	**Mailing Address:** ____________________ ____________________ ____________________ **Home Telephone:** **( )** ________________ **Email:** ________________

Description of public record:

Name of Person(s) Involved:____

Date of Incident:____

Location of Incident:____

Comments:____

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Office Use Only:

Date Completed:	**Completed by:**	**Total Amount:**

HEALTH INFORMATION RELEASE AUTHORIZATION

REQUEST FOR ACCESS TO HEALTH INFORMATION HELD BY THE SAN MARCOS FIRE DEPARTMENT

Name of Requestor:	**Relation of Requestor to Patient:**	**If Not the Patient, Name of Patient:**
______________________	❑ Patient ❑ Parent/Guardian ❑ Spouse ❑ Legal Representative	__________________________
Date of Incident: ______________________	**Incident Location:** ______________________________ ______________________________ ______________________________	**Requested Information:** ❑ Medical Care Report ❑ Ambulance Bill ❑ Other: ____________________

Information about your access rights
Except under limited circumstances, we will provide you with the access you request. We will respond to your request for access within 10 days from the time we receive this completed form. In certain situations we may deny your request, but if we do, we will tell you in writing of the reasons for the denial and explain your rights with regard to having the denial reviewed.

Substantiating Information
A copy of your Driver's License or DMV issued Identification Card **must** be submitted with this request.
If you are not the patient requesting the information, you must also submit documentation of legal representation and/or responsibility.

Documentation Fee
In order to receive the requested documents, this form **must** be accompanied by a completed San Marcos City Form #CC106F, Request for Fire Department Incident Reports. A processing fee of $15.00 is required per request. If you do not agree to the charge, the records request will not be prepared.

Where to Submit this Form
You must submit this form to the San Marcos City Clerk: 1 Civic Center Drive, San Marcos, California 92069-2918

By submitting this form, I hereby request the City of San Marcos Fire Department to provide me with access to my health information that the City of San Marcos Fire Department maintains.

Name: ___________________________________ Date:___________________

Signature: ________________________________

Internal use only

Form Received By: ____________________________ Date Received: ______________________________