



Harris County Emergency Services District No. 48 Request Form for Fire Incident Report

I am requesting the Harris County Emergency Services District No. 48 record types selected below:

- INCIDENT REPORT.** Report created by the Incident Commander that complies with the rules of the National Fire Incident Reporting System (NFIRS).
- EMS/MEDICAL REPORT.** A patient authorization form is required if report contains confidential medical information and is requested by any party other than the patient or a court ordered subpoena of records. Court Orders do not require additional information, however, patient's **MUST** provide photo identification before the report can be released. A copy of their photo ID shall be attached to the completed Fire/EMS Incident Request Form.

The information requested below must be completed in full. Requests without the required information will be returned to sender. If you do not have the necessary incident information, you may contact the Harris County Emergency Services District No. 48 Administration Office at (281) 599-8888 for assistance.

Please note: All incident report requests are processed within seven (7) business days upon receipt. It is our policy to fulfill record requests within ten (10) business days of the incident date. The Department may require additional time to process requests that are more difficult and if so, an estimated period will be provided to the requestor.

Please write clearly:

Requestor Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Patient Name: _____ Date of Birth: _____

Incident Date: _____ Incident Time: _____

Incident Address: _____

Type of Incident: _____

Comments: _____

Requestor Signature: _____ Date: _____

Please return this form to:

Medical report requests: must include this form, a valid HIPAA Authorization and supporting documentation by the patient (if applicable) to:

**Harris County ESD No. 48
21201 Morton Road
Katy, Texas 77449**

District Use Only:

Incident #: _____

Date Received _____

Initials: _____