MONCLOVA TWP FIRE - RESCUE

MONCLOVA TOWNSHIP FIRE / RESCUE

4395 Albon Road Monclova, Ohio 43542
Office: 419-865-9423 Fax: 419-865-8481
www.monclovatwp.org

Matthew P. Homik
Fire Chief

PUBLIC RECORDS REQUEST FORM

REQUESTOR INFORMATION

NAME: _____ PHONE: _____

REPRESENTING: _____ FAX: _____

ADDRESS: _____ C/S/Z: _____

EMAIL: _____ @ _____ . _____

SIGNATURE: _____ DATE: _____

RECORDS REQUESTED

INCIDENT DATE: _____ TIME (if known): _____

INCIDENT LOCATION: _____

OWNER / PARTY / PATIENT NAME: _____

☐ Fire Incident Report ☐ Fire Investigation Report ☐ Photographs

☐ Fire Inspection Report ☐ EMS Patient Report ☐ Photographs (photocopies of)

☐ Other: _____

PREFER RECORDS BY ☐ PAPER / MAILED ☐ PAPER / PICK-UP ☐ FAX ☐ EMAIL

E.M.S. PATIENT REPORT AUTHORIZATION / RELEASE

I _____ authorize the Monclova Township Fire / Rescue Department to release copies of the E.M.S. Patient Report described above. I understand that this record contains CONFIDENTIAL PROTECTED HEALTH INFORMATION about me, and release Monclova Township, its agents and officers from any and all liability in connection with the release of this information to the above named requestor.

_____ _____
Original Signature of Patient Date Signed

_____ _____
Notary Public Date Signed

OFFICE USE ONLY
Request Rx: _____ Completed Date: _____ By: _____ Picked up: _____

Incident # _____ Copy Pages: _____ Amount Due: $ _____

Provided By: [ ] Mail [ ] Picked up [ ] Other _____ Paid by [ ] Cash [ ] Check # _____