



# 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 # \_\_\_\_\_