



# Atascocita Volunteer Fire Department Records Request Form



For Fire Records

Mail to:  
Fire Records  
7642 Farmingham Road  
Humble, TX 77346

For EMS/Ambulance Records

Mail to:  
EMS Records  
7642 Farmingham Road  
Humble, TX 77346

**Note:** Please make sure you complete this form and attach all required documents (Subpoena, Affidavit, HIPPA Release, etc...). Enclose a check or money order made payable to the Atascocita Fire Department and a stamped self-addressed envelope (with postage). Mail checks or money orders directly to the address and unit listed above. Only money orders or checks will be accepted for Requests (no exceptions). **DO NOT MAIL CASH.**

SECTION A      CUSTOMER INFORMATION (Person Requesting Record)

Please print the required information below.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

SECTION B      FIRE INCIDENT INFORMATION

For Fire Records Only      Please print the required information.

**Incident Location:** \_\_\_\_\_

**Incident Date:** \_\_\_\_\_ **Incident Time:** \_\_\_\_\_ **AM** **PM**

**Incident Type:** \_\_\_\_\_

**Run Number:** \_\_\_\_\_ **Property Owner:** \_\_\_\_\_

The fee for a Fire record is \$10, unless you are the property owner, in which case there is no charge.

SECTION C      EMS/AMBULANCE INCIDENT INFORMATION

For EMS Records Only      Please carefully read the instructions below and print the required patient's information.

**Name of Patient:** \_\_\_\_\_

**Incident Date:** \_\_\_\_\_ **Incident Time:** \_\_\_\_\_ **AM** **PM**

**Incident Location:** \_\_\_\_\_

**Run Number:** \_\_\_\_\_ **Hospital Taken To:** \_\_\_\_\_

**Is Patient a Minor:**      Yes      No      **Date of Birth:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_

**Relationship to the Patient:** Self/Patient    Parent/Guardian    District Attorney    Other: \_\_\_\_\_

The fee for EMS records is \$35, unless you are the patient or the District Attorney's Office, in which case there is no charge.

**PLEASE READ AND SUBMIT THE REQUIRED ITEM(S) BELOW FOR EMS RECORDS**

- An original notarized Release of Health Information signed by the patient authorizing the release of this information.

**OR**

- Proof of parental status or guardianship, if the patient is a minor. Acceptable proof is a copy of the patient's birth certificate or a court document showing custody / guardianship.

**OR**

- Proof that a court has appointed you executor or administrator of the patient's estate, if the patient is deceased (Letters testamentary or letters of administration).