PECHANGA FIRE DEPARTMENT

Request for Fire Report or Patient Care Report Application

Only complete applications accompanied by the processing fee will be processed

Requestor Information

Requestor Name: _____

Requestor Address: _____

Requestor Phone Number: _____ Requestor Email: _____

Incident Information

Date of Incident: _____ Time of Incident: _____ AM or PM

Type of Incident: ☐ Medical Aid ☐ Fire ☐ Other (please describe): _____

Location of Incident: _____

Address, Assessor's Parcel Number (APN), or Closest Known Location

_____

City/State/Zip

_____

Name of Business (if applicable)

Records Sought

Describe in detail the records you are seeking:

_____

_____

_____

Medical Records Information

Are you requesting medical records (i.e., a Patient Care Report)?: ☐ Yes ☐ No

Patient Name: _____ Date of Birth: _____

Requestor's relationship to Patient (e.g., self, legal representative): _____

****If you are not the Patient, you must attach a signed patient authorization form, authorizing the release of medical information, or a subpoena.**

Requestor Signature: _____ Date: _____

COMPLETE AND MAIL THIS FORM TO:

Pechanga Fire Department
ATTENTION: Annette Harding
48240 Pechanga Rd.
Temecula, CA 92592

INCLUDE A CHECK OR MONEY ORDER IN THE AMOUNT OF $20 MADE PAYABLE TO: PECHANGA FIRE DEPARTMENT.
AN ADDITIONAL FEE OF $1 PER PAGE WILL BE ASSESSED FOR REPORTS MORE THAN 10 PAGES. CASH AND CREDIT CARDS NOT ACCEPTED.

For questions, please contact Annette Harding at 951-770-6004 or aharding@pechanga-nsn.gov