



## PECHANGA FIRE DEPARTMENT

### Request for Fire Report or Patient Care Report

*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: Tammy Sellers  
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 Tammy Sellers at 951-770-6010 or [PFD-FMO@pechanga-nsn.gov](mailto:PFD-FMO@pechanga-nsn.gov)*