

MOUNTAIN VIEW FIRE DEPARTMENT
REQUEST FOR INCIDENT REPORT

Please read information on page 2 of this form before completing

Request date & time received _____ Completed by _____

Incident Date: _____

Incident Address: _____

Incident Type: Fire Medical Hazardous Materials Other

PERSON AND BUSINESS OR AGENCY REQUESTING REPORT

Name (*first, middle initial and last*): _____

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: _____

IF FIRE INCIDENT

- I am requesting the incident report
- I am requesting the fire investigation report when it is available

REQUESTING PARTY IS THE *

- | | |
|------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Patient |
| <input type="checkbox"/> Owner's Insurance Agent | <input type="checkbox"/> Patient's Legal Guardian |
| <input type="checkbox"/> Owner's Attorney | <input type="checkbox"/> Patient's Legal Representative |
| <input type="checkbox"/> Owner's Tenant | <input type="checkbox"/> Patient's Insurance Agent |
| <input type="checkbox"/> Occupant/Tenant's Insurance Agent | <input type="checkbox"/> Patient's Attorney |
| <input type="checkbox"/> Occupant/Tenant's Attorney | <input type="checkbox"/> Patient's Spouse |
| <input type="checkbox"/> Beneficiary of Deceased Patient | <input type="checkbox"/> Other _____ |

FOR INSURANCE COMPANY REPRESENTATIVE

Insurance Company Name: _____

Person(s) you represent: _____

Policy/Claim Number: _____

-----**(For Office Use Only)**-----

- Photocopy of patient's/authorizing party's identification attached (all medical information)
- Authorization for release attached (medical information release as required)
- Self-addressed, stamped envelope attached
- Check attached (see page 2 of this form for required fees)

Incident Number: _____

Received by (print Name): _____

Received by (Signature): _____ Date: _____

Authorized by (Fire Dept. Rep's Signature): _____ Date: _____

REQUEST FOR INCIDENT REPORT – INSTRUCTIONS

Mail requests and check payments to:

Mountain View Fire Department Records
1000 Villa Street
Mountain View, CA 94041-1295
Telephone: 650-903-6344

Please include a self-addressed, stamped envelope.

General Information:

Please note that if a request is submitted via the City of Mountain View's public records portal (<https://cityofmountainviewca.nextrequest.com/>), no fees will be incurred.

Fire Incident Report	\$12.00
Patient Care Report	\$12.00
Fire Investigation Report	\$17.00

FEES: All related fees must be paid prior to the release of documents. Make check payable to the City of Mountain View.

***Medical Incident Reports** – Medical information is protected and only eligible for release to authorized parties. The patient will be required to present a valid identification and proper documentation is required to release medical records to anyone other than the patient. Copies of identification and authorizing documentation will be retained with all requests in department files. Authorization requirements for medical information release are available upon request.

Requests for medical records of deceased patients require a certified copy of the death certificate, evidence of next of kin status, evidence of executorship of the estate or appointment by a court to settle the deceased person's affairs, as applicable.

To receive your report by mail, please enclose a self-addressed stamped envelope. Otherwise, you will be notified when your report is ready for pick up. A RESPONSE MAY TAKE UP TO 10 WORKING DAYS.

THIS FORM CAN BE DOWNLOADED AND COMPLETED ELECTRONICALLY ADOBE ACROBAT READER. THE FORM CAN ALSO BE PRINTED AND COMPLETED MANUALLY.

PLEASE PRINT ALL INFORMATION. Provide the date and address where the incident occurred. Indicate whether the incident involved a fire, medical assistance, hazardous materials or something other than the three types listed.

Print your first, middle and last name as the requesting party. If applicable, print the name of the business or agency you represent and mailing address. If you are requesting a fire incident report, indicate whether you are also requesting a fire investigation report. Please note that fire investigation reports are not completed for all incidents; therefore, you may want to inquire about the availability prior to completing this form. Indicate your relationship with or involvement in the incident as the requesting party. If you represent an insurance company, provide the name of your company, the name of your insured party and the policy or claim number.