



Newman Fire Department

FIRE REPORT REQUEST FORM

MAIL REQUEST TO:

Newman City Hall, Attn: Records 938 Fresno Street,
Newman, Ca 95360

Email Form To: Aford@cityofnewman.com

NOTICE: The theft or alteration of an official document is a felony punishable under Section 6201 of the Government Code.

GENERAL INFORMATION

Date _____ Report Type: Incident Medical Investigation Fire Inspection

Requested By: _____ Agency: _____

Mailing Address _____ Phone Number: _____

Fax Number _____

Signature: _____

_____ **Copies Requested**

INCIDENT/INSPECTION REPORT – A copy of a Report is available for a fee*. Please complete the following

Date of Incident/Inspection: _____ Location of Incident/Inspection: _____

MEDICAL REPORT – A copy of a medical report is available for a fee*. Please complete the following

Requestor (check one): Medical Professional/Medical Organization Patient/Victim Patient's Victim's Parent/Legal Guardian Patient's Victim's Representative

- Due to HIPAA Federal Regulations, reports where any medical aid took place will only be released:
 - To another medical professional that we have a working agreement with (i.e. emergency room, ambulance providers).
 - To the patient or legal guardian if they appear in person with proper identification.
 - To the patient, or their representative if a notarized release is provided.
 - To answer a properly written, processed and presented subpoena. All subpoenas shall be reviewed and approved by City of Newman legal representative.
- Valid ID is required when picking up medical reports and is only released by the Records Custodian.

INVESTIGATIVE REPORT – A copy of an investigative report is available for a fee*. Please complete the following

Requestor (check one): Victim/Occupant Property Owner Insurance Company Victim's/Occupant's Representative

* Report fee is \$15.00 for first 200 pages, additional fee after.

BELOW FOR OFFICE USE ONLY

Approved for Release by _____ Records Custodian _____ Fire Chief _____

ID Verified (if req'd) _____ Copy released Copy mailed/faxed
 Copy not released _____

Fee \$ _____ Cash Check Issued By _____ Issued Date _____