

FACT SHEET ABOUT REQUESTS FOR FIRE OR PENNA. EMERGENCY MEDICAL SERVICES REPORT

PLEASE RETAIN TOP PORTION OF FORM FOR YOUR FILES. NOTE THE DATE YOU MAILED YOUR REQUEST AND CONTROL NUMBER AND ANY INFORMATION THAT MAY BE PERTINENT TO YOU. WHEN APPLYING FOR AN EMERGENCY MEDICAL SERVICES REPORT IT IS ESSENTIAL TO COMPLETE THE "AUTHORIZATION FOR RELEASE" STATEMENT ON THE OPPOSITE SIDE.

CONTROL NUMBER _____ NAME AND/OR FILE NUMBER _____ DATE MAILED _____

Your application will be forwarded to the Philadelphia Fire Department who will prepare and mail directly to you a copy of the report. Please be specific on the application about the name and correct address to whom you want the report mailed. If the address is in a building, please give room number.

It is essential that the information provided on this application is accurate. Insufficient, incorrect or vague information may impede the search. **REFUNDS WILL NOT BE MADE.**

Please allow 6 — 8 weeks after you mail your application to the Department of Records to receive your report by mail. When inquiring about the status of your report, it is essential that you provide the control number and date of application

APPLICATIONS BY MAIL OR IN PERSON

Department of Records
Room 167, City Hall
Philadelphia, PA 19107
(215) 686—2274
9:00 — 3:00 (Monday — Friday)

INQUIRIES CONCERNING REPORTS

Philadelphia Fire Department
240 Spring Garden Street
Philadelphia, PA 19123
(215) 592—4883 — FOR EMS REPORTS
(215) 592—5965 — FOR FIRE REPORTS

**PLEASE MAKE CHECK/MONEY ORDER PAYABLE TO: "CITY OF PHILADELPHIA"
TO EXPEDITE SERVICE PLEASE SEND A SELF—ADDRESSED, STAMPED ENVELOPE.
FEE \$10 — NOT REFUNDABLE**

THANK YOU FOR APPLYING BY MAIL

APPLICATION FOR FIRE AND/OR PENNSYLVANIA EMERGENCY MEDICAL SERVICES

PLEASE DO NOT FILL OUT AN APPLICATION IF YOU ARE NOT CERTAIN OF YOUR DATA. INSUFFICIENT, WRONG OR VAGUE INFORMATION MAY RESULT IN A NEGATIVE REPORT.

CITY OF PHILADELPHIA
DEPARTMENT OF RECORDS



— PLEASE PRINT —

PARTY REQUESTING REPORT (NAME OF APPLICANT)

APPLICATION DATE

REPORT TO BE MAILED TO (COMPLETE ADDRESS INCLUDING NAME, COMPANY, STREET ADDRESS AND ZIP CODE)

TELEPHONE NUMBER OF APPLICANT

FILE CLAIM NUMBER

COMPLETE THIS BLOCK FOR FIRE REPORT:

DATE OF FIRE	TIME	ADDRESS OF FIRE

COMPLETE THIS BLOCK FOR MEDIC UNIT REPORT:

DATE OF SERVICE	TIME	NAME OF INJURED PARTY

LOCATION OF INCIDENT (EXACT STREET LOCATION WHERE INCIDENT OCCURRED)

FEE \$10. — NOT REFUNDABLE

The "AUTHORIZATION FOR RELEASE" on the reverse side must be completed for all requests for Penna. Emergency Medical Services Reports.

AUTHORIZATION FOR RELEASE OF PENNSYLVANIA EMERGENCY MEDICAL SERVICES REPORT

Includes the Pennsylvania Emergency Medical Services Report, any addended narratives and EKG Documentation Sheet.

By my Signature below, the City of Philadelphia is hereby authorized to release Pennsylvania Emergency Medical Services Reports to:

INFORMATION RELEASED TO

NAME	ADDRESS
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PATIENT INFORMATION

PATIENT'S NAME	AGE	DATE OF BIRTH
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ADDRESS

PENNSYLVANIA EMERGENCY MEDICAL SERVICES INFORMATION

(Please supply as much information as is available, it will help the Department of Records to fulfill your request.)

RECEIVING HOSPITAL	DATE OF SERVICE	TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM
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ADDRESS	PA. EMERG. MED. SERV. NO.
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* PATIENT'S SIGNATURE OR REASON † WHY PATIENT IS UNABLE TO SIGN

DATE

*** RECORDS MAY NOT BE RELEASED WITHOUT SIGNATURE OF PATIENT.** *If a patient is unable to sign († minor, decease, physically or mentally incapacitated), a legally qualified representative (parent, next of kin, legal guardian, spouse, administrator, executor of estate) may sign in lieu of patient.*

† SIGNATURE OF LEGALLY QUALIFIED REPRESENTATIVE (READ STATEMENT ABOVE)

DATE

REPRESENTATIVE'S NAME (PRINT)	RELATIONSHIP TO PATIENT
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