



PROSPECT HEIGHTS FIRE PROTECTION DISTRICT

10 East Camp McDonald Road
Prospect Heights, Illinois 60070
Business # 847-253-8060

Fax # 847-253-4759

REQUEST FOR COPIES OF FIRE/AMBULANCE INCIDENT REPORT

(Requests for ambulance calls require additional form per HIPPA Law)

Resident of the PHFPD

No fee if report is picked up by resident in person at the Headquarters fire station
Mailed or Faxed - \$5.00

Non-Resident of the PHFPD

\$5.00 if report is picked up by non-resident at the Headquarters fire station.
Mailed or Faxed - \$10.00

Attorney, Insurance Company Investigator

\$20.00

Under the freedom of information act, I _____ wish to
(Name of requestor printed)
request a copy of a fire incident report for :

Incident : _____
(Date) (Time)

Incident Location _____

The purpose of this report request is _____.

Signed by person requesting report _____

Address _____

City, St _____

(For Fire Department Use Only)

Date request completed: _____

Records released by : _____

Total pages _____

Release of records approved by Staff Supervisor _____