

**Clark County Fire Department
Custodian of Records**
575 East Flamingo Road, Las Vegas, NV 89119

Incident Report Request Form

Type of Incident: _____
(such as Structure Fire, Vehicle Fire, *Medical)

Date of Incident: _____

Time of Incident: _____ AM or PM

Address or Intersection of Incident: _____

Vehicle Information (if applicable): _____

Requested By: _____

Company: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone Number: _____ **Fax Number:** _____

I prefer to: pick up the report at the address above
 have the report faxed to the fax number I provided

Purpose of Report Request:

Medical Report Request – Please complete the following:

Patient First Name: _____

Patient Last Name: _____

Patient Address: _____

Patient Social Security Number: _____

Patient Date of Birth: _____

*If you are not the patient, you will need to complete the “Authorization to Use and Disclose Protected Health Information” form. The original form must be signed by the patient, notarized, and mailed to the address above.

**IT MAY TAKE UP TO 30 DAYS TO PROCESS YOUR REQUEST.
SUBMITTING DUPLICATE REQUESTS WILL NOT EXPEDITE THE PROCESS.
INCOMPLETE REQUESTS CANNOT BE PROCESSED.**

Please fax completed form to (702) 455-7137 or drop it off in person at the above address.