

TRUCKEE MEADOWS FIRE PROTECTION DISTRICT PUBLIC RECORDS REQUEST FORM



All requests for public records will be responded to in accordance with the provisions of Chapters 239 – 239B of Nevada Revised Statutes and Washoe County Resolution Adopting Public Records Policies and Procedures. Our policy is to fill a request within 5 working days or less, unless the requestor is informed that the request will take additional time.

This section should be completed by the requester (optional).	
Date of Request:	
Name of Requester(Optional):	
Address:	
Telephone:	
Documents Requested (Incident and/or Medical) (Please be as specific as possible and include names and dates of the documents, if you know them. This will help us respond to your request as fast as possible.)	
1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

Date Documents Needed By:*	AM _____ PM _____	Signature (Optional) _____
Copy Needed:	Yes _____ No _____	Certified Copy: Yes _____ No _____

* If unable to fill request in 5 working days, requester must be informed in writing; along with the date record will be available.

This section to be completed by the District.	
Department Receiving The Request:	
Actual Charge (if extraordinary use):	
Date Request Filled:	Employee Initials:

Determination of access if document is not a known public record.			
District Attorney Referral		Access Granted (circle one)	
Date Sent:	Date Returned:	Yes	No
Reason for Denial:			
<input type="checkbox"/> Entire record is confidential. (Please attach reason, including citation to specific statute or other legal authority.)			
<input type="checkbox"/> Truckee meadows Fire Protection District does not have legal custody of the record. (Please list name and address of the governmental entity that has legal custody, if known.)			
Reason for Redacted Record: Please attach reason, including citation to specific statute or other legal authority.			

A copy of this form should be given to requester and a copy retained in Department records.



Medical Report Request Form

Date of Incident: _____
Time of Incident: _____ AM PM
Address or Intersection of Incident: _____
Vehicle Information (if applicable): _____
Name of Requester: _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: _____ Fax Number: _____
Email: _____
Please specify in detail all the information being requested: _____

Patient First Name: _____ Patient Last Name: _____
Patient Address: _____

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 below.

Signature of Requester Date How Received

Be advised that any incident report that is related to an anticipated or pending criminal case shall not be released without the approval of the Washoe County District Attorney's Office and the Fire Chief.

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

**IT MAY TAKE UP TO 30 DAYS TO PROCESS YOUR REQUEST.
Submitting duplicate requests will not expedite the process.
Payment in full is required before report is released**

**Please fax the completed form(s) to (775) 326-6003
or deliver it in person to 1001 E. 9th Street, Bldg. D, Reno, NV 89512.**

Signature of Approving/Releasing Agent

Signature of Recipient