



French Camp McKinley Fire District REPORT REQUEST FORM



Date and Time of Incident	Incident or Case Number
Type of Incident <input type="checkbox"/> Fire <input type="checkbox"/> Medical <input type="checkbox"/> Traffic Accident <input type="checkbox"/> Other (please specify):	Type of Report (check all that apply) <input type="checkbox"/> Incident <input type="checkbox"/> Fire Investigation
Incident Address	City State Zip

Name of Requestor (Last, First, Middle)	Date of Request
Company Name (if applicable)	Phone Number
	Email
Mailing Address	City State Zip
Relationship of Requestor to Incident <input type="checkbox"/> Occupant <input type="checkbox"/> Insurance Carrier <input type="checkbox"/> Property Owner <input type="checkbox"/> Other: <input type="checkbox"/> Patient <input type="checkbox"/> Investigator <input type="checkbox"/> Subpoena	Preferred Method of Receipt <input type="checkbox"/> Pick-up <input type="checkbox"/> Mail to Address Above <input type="checkbox"/> Email to Address Above

I acknowledge that the report(s) I am requesting will not be released until the \$15 fee is received by Fire Administration.

ALL MEDICAL REPORT REQUESTS MUST BE SIGNED BY THE PATIENT PRIOR TO RELEASE.

I am the patient in the incident listed above and am requesting all information to be released to:

The Requestor listed above Myself

_____ _____ _____

Signature Printed Name Date

For District Use Only:

Release Approved By	Date
Fees Received <input type="checkbox"/> Check _____ <input type="checkbox"/> Cash <input type="checkbox"/> Money Order	Date
Report Sent By	Date

ADM 115 – Report Request Form Instructions

To request a report:

1. Complete ADM 115 – Report Request Form
2. Submit the completed form by **one** of the following options:
 - a. Via the online form submission page on frenchcampfire.com
 - b. Email a PDF to admin@frcfire.com
 - c. Mail the form via USPS to:
PO Box 790
French Camp, CA 95231
 - d. Drop off the form to Fire Administration at:
310 E. French Camp Rd
French Camp, CA 95231
3. Pay the \$15 fee. Requests will not be processed prior to receiving the fee:
 - a. Include a check or money order with the mailed or dropped off form.
 - b. Mail a check or money order separately to:
PO Box 790
French Camp, CA 95231

Please include a copy of the completed ADM 115 form if mailing the payment separately.
Please make all payments payable to: French Camp McKinley Fire District.

Please direct all questions to:

Fire Administration
admin@frcfire.com
(209) 932-8628