



## Reeves County Emergency Services District No. 2

### REQUEST FOR INCIDENT REPORT OR PUBLIC RECORD

Revision Date: 01/31/2025

#### Instructions:

Provide the information requested in the boxes below, as applicable. This information is required to verify if the District responded to an incident.

**THIS REQUEST IS FOR A COPY OF THE RUN SUMMARY REPORT PREPARED AFTER THE DISTRICT RESPONDS TO AN INCIDENT**

**A**

Date of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

Type of Incident: ☐ MEDICAL ☐ PUBLIC RECORD ☐ OTHER \_\_\_\_\_  
Describe Other

Owner / Occupant / Patient Name: \_\_\_\_\_  
Person(s) Involved

Address or Location of Incident: \_\_\_\_\_

**All requests for Protected Health Information must be made in writing by the patient or the patient's designee (requires power of attorney). The requestor must provide one form of identification before any PHI will be released.**

**IF YOUR REQUEST IS FOR A PUBLIC RECORD, PLEASE BE AS SPECIFIC AS POSSIBLE IN YOUR REQUEST FOR INFORMATION .**

**B**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C**

Name of Person Making Request: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone No.: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

☐ Send Report to Email Address ☐ Send Report to Mailing Address ☐ Call When Ready for Pick Up ☐ Make the information publicly available for inspection at the District office.

**FOR DISTRICT USE ONLY**

Date

Initial

Request Received \_\_\_\_\_  
Sent for Approval \_\_\_\_\_  
Approved \_\_\_\_\_  
Report Released \_\_\_\_\_