

EAST LAKE TARPON SPECIAL FIRE CONTROL DISTRICT
REQUEST FOR EMS RUN REPORT

Date: _____

Check one: ___ State Attorney/Law Enforcement/Public
Defender
___ All others

Requestor Name: _____ Phone: _____

Address: _____
(street) (city) (state) (zip)

(law enforcement/State Attorney or Public Defender, use business address, phone and name of agency)

I am requesting the EMS Run Report for _____
on this _____ day of _____, 20____. (Name)

FIRE DEPARTMENT USE

___ This Request is made by the patient and does not require a Release or Authorization.
Identification provided by the Requester: _____

___ The Requester is not the patient, has provided East Lake Tarpon Special Fire Control
District (ELTSFCD) with a signed and dated *Release for Medical Records Authorization* signed
by the treated person, their legal representative or the parent/guardian of a minor, or by
subpoena. (or other) _____

___ The Requester is a law enforcement officer, Assistant State Attorney or Public Defender
and seeks this record as a part of a criminal investigation. They are allowed to view the record
and make notes. Copies can be provided by subpoena(s) and/or proper authorization when
submitted.

Identification or badge number: _____ provided to East Lake Tarpon Special Fire
Control District.

Record provided by _____
(ELTSFCD employee, print name)
on this _____ day of _____, 20____.

Employee Signature