

East Lake Tarpon Special Fire Control District

3375 Tarpon Lake Blvd., Palm Harbor, FL 34685 727-784-8668

INSURANCE INFORMATION & RELEASE FORM

Incident#

Date:

Driver's Name:	Social Security Number:	D.O.B.:	Sex: Male Female
Address (Street):	PO Box:	City:	State: Zip:
Phone #:			

Insurance Information & Release Form

Type of Insurance: Auto Insurance			
Policy Number:		Group Number:	
Insured Name:		Relationship: Self Spouse Parent Other	
Insurance Company Name:		Insurance Company Address:	
City:	State:	Zip:	

I authorize the release of any information necessary to process this claim by my insurance carrier. I authorize and request direct payment of applicable benefits to this provider of service. I permit a copy of this authorization to be used in place of the original. I understand that the supplier for all services may use this authorization in the future until such time as I revoke this authorization in writing.	
Signature of Patient or Responsible Party: X	Signature of (Fire Officer) Personnel attesting to Patient's inability to sign: X

Incident Information

Date of Incident:	Incident Number:	Time Out:	Arrival On Scene:	Back In Service:
Responding Apparatus:				
Call Location: Same as Above: YES NO			City:	State: Zip Code:

Light Duty Rescue
 Heavy Duty Rescue
 Air Transport Incident
 Fire

EMS ONLY

Vehicle Make:	Color:	Model:	Registration:	State:	VIN Number:
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Description of Incident & Equipment Used: Good Documentation Serves You Better

Officer In Charge:	Other Agencies Involved:
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