



Lathrop-Manteca Fire Protection District

800 East 'J' Street, Lathrop, California 95330

• (209) 941-5100 • Fax (209) 858-1180 • www.lmfire.org •

REPORT RELEASE FORM

Date of Request: _____

Type of Report: Fire Investigation Inspection EMS
 Vehicle Accident Other: _____

Date and Time of Incident: _____ Report/Incident Number: _____

Incident Address/Location: _____

Person Requesting Report: _____

Company Name: _____
(If applicable)

Address: _____

Phone Number: _____ Fax Number: _____

Relationship of person requesting report: Self Property Owner
 Occupant Patient Subpoena
 Insurance Carrier Investigator

Please indicate preferred method of receipt:

Pick-up in person Fax Mail

ALL MEDICAL REPORTS MUST BE SIGNED BY THE PATIENT PRIOR TO BEING RELEASED.

I am the patient in the above noted run report. I am requesting all information to be released to:

The individual listed above myself

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE FOR ADMISTRATION PURPOSES ONLY

Report reviewed prior to release: N/A, NO MEDICAL INFORMATION RELEASED ON ABOVE LISTED REPORT

Reviewed By: _____ Date: _____

APPROVING OFFICIAL: _____ Date: _____

Received fees: Check #: _____ Money Order Cash Receipt #: _____

Sent By: _____ Date: _____