

**APPLICATION FOR INFORMATION UNDER
TEXAS OPEN RECORDS ACT**

TO CUSTODIAN OF RECORDS FOR TEXAS CITY FIRE DEPARTMENT:

DATE: _____

APPLICANT NAME : _____

APPLICANT ADDRESS: _____

APPLICANT PHONE No. _____

DATE OF INCIDENT: _____

DOCUMENTS REQUESTED, Include address of incident & type of report: **For EMS Patient reports or any HIPPA protected information, a signed release from the patient or the patient's legal guardian, must accompany this request.**

APPLICANT'S SIGNATURE

I acknowledge that I have viewed or received the documents described above which I requested.

DATE: ___/___/___

APPLICANT'S SIGNATURE

(FIRE DEPARTMENT TO COMPLETE SECTION BELOW)

REQUEST APPROVED BY: _____

DATE: ___/___/___

REQUEST DENIED BY: _____

DATE: ___/___/___