



# Waterville Fire Department

## Request Form for Fire / EMS Incident Report



I am requesting the Waterville Fire Department record types highlighted below:

- INCIDENT REPORT.** Report created by the Incident Commander that complies with the rules of the National Fire Incident Reporting System (NFIRS).
- FIRE INVESTIGATION REPORT.** Not all fires will have a Fire Investigation Report. Depending on the incident complexity and other factors a report may not be completed for weeks or months.
- EMS/MEDICAL REPORT.** A patient authorization form is required if report contains confidential medical information and is requested by any party other than the patient or a court ordered subpoena of records. Court Orders do not require additional information, however, photo identification showing the person requesting the record is the person authorized by the court order to receive said record must be provided before the report can be released. A copy of the photo ID provided shall be attached to the completed Fire/EMS Incident Request Form.

The information requested below must be completed in full. Requests without the required information will be returned to sender. If you do not have the necessary incident information, you may contact the Waterville Fire Department Administration Office at (207) 680-4735 or by email at: [firereports@waterville-me.gov](mailto:firereports@waterville-me.gov).

**Please note:** All incident report requests are processed within seven (7) business days upon receipt. It is our policy to fulfill record requests within 10 business days of the incident date. The Department may require additional time to process more difficult requests and if so, an estimated time frame will be provided to the requestor.

**Please write clearly:**

Requestor Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Incident Date: \_\_\_\_\_ Incident Time: \_\_\_\_\_

Incident Address: \_\_\_\_\_

Type of Incident: \_\_\_\_\_

Comments: \_\_\_\_\_

Requestor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form, along with the attached Authorization For Release of Protected Health Information and supporting documentation signed by the patient, if applicable, to:

Waterville Fire Department  
Attn: Fire Reports  
7 College Ave  
Waterville, ME 04901  
Or email to: [firereports@waterville-me.gov](mailto:firereports@waterville-me.gov)

<b>Fire Department Use Only</b>	
Incident #:	_____
Date Rcv'd:	_____
Initials:	_____