



OPEN RECORDS REQUEST

P.O. BOX 212 • JOSEPHINE, TEXAS 75164
972-694-2100 • pio@jofd.org

All requests for records must be legible. The Josephine Volunteer Fire Department, or anyone affiliated with the Josephine Volunteer Fire Department, will be held responsible for failure to fill a request if it cannot be read. Possible charges may be involved with each request.

PLEASE TYPE OR PRINT ALL INFORMATION

Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Include enough description and detail about the information you are requesting to enable us to accurately identify and locate the requested item (i.e., name of records you are requesting; specific date of record you are requesting; beginning and ending dates, etc.)

Detailed Description of Requested Record and Reason for Requesting Record:

CHECK ONE: I request paper copies
 I request copies emailed to the address above, if possible.

Faxed or emailed requests must include a readable clear copy of your driver's license, government issued photo I.D., subpoena, or signed HIPAA release document for medical records. I understand this is Protected Health Information. I am the patient, parent or guardian, and have written authorization, written permission, or Power of Attorney to receive medical records.

Signature of Requestor: _____ Date: _____

TO BE COMPLETED BY THE FIRE DEPARTMENT

Date Received: _____ Date & Time Disclosed to Requestor: _____

Fee Due: _____ Fee Paid: _____

Released By: _____