

**REQUEST FOR FIRE AND/OR
EMS REPORT**

*PLEASE DO NOT SUBMIT AN APPLICATION WITH INSUFFICIENT OR INCORRECT
INFORMATION; MAY RESULT IN "REPORT NOT FOUND."*

**Wellington Fire Protection
District
PO Box 10
Wellington CO 80549**

NAME OF APPLICANT REQUESTING REPORT (please print)

DATE

REPORT TO BE MAILED TO (COMPLETE ADDRESS INCLUDING NAME, STREET ADDRESS
CITY, STATE AND ZIP)

TELEPHONE NUMBER OF APPLICANT

COMPLETE THIS BLOCK FOR REPORT:

DATE OF INCIDENT

TIME

ADDRESS OF INCIDENT

FEE (for search and/or copy—\$15.00) — NON-REFUNDABLE

TO APPLICANT: PLEASE FILL OUT APPLICATION AND FORWARD TO THE FIRE DEPARTMENT: Your report will be prepared and mailed directly to you by the Fire Department. ALL INQUIRIES AFTER SUBMISSION, CALL (970) 568-3232.

IF YOU HAVE A DISABILITY AND REQUIRE AN ACCOMMODATION IN ORDER TO COMPLETE THIS FORM AND/OR TO PARTICIPATE IN A PROGRAM OR SERVICE, CONTACT THE FIRE DEPARTMENT AT (970)-568-3232



APPLICATION FOR FIRE AND/OR EMS REPORTS

REQUEST MUST HAVE DATE AND LOCATION OF FIRE AND/OR EMS INCIDENT.

REQUESTS FOR EMS REPORTS REQUIRE A COMPLETED AND SIGNED "MEDICAL INFORMATION RELEASE AUTHORIZATION" FORM; MUST BE NOTARIZED IF ORDERED VIA U.S. MAIL OR IF APPLIED FOR BY OTHER THAN PATIENT IN PERSON AT DEPARTMENT OF RECORDS.

SUBMIT APPLICATIONS TO:

WELLINGTON FIRE PROTECTION DISTRICT
PO BOX 10
WELLINGTON CO 80549

OR

EPETTIT@WFPD.ORG

MAKE CHECKS OR MONEY ORDERS PAYABLE TO "WELLINGTON FIRE PROTECTION DISTRICT".

\$15.00 FEE IS NON-REFUNDABLE

PLEASE ALLOW 6 TO 8 WEEKS TO RECEIVE COPY OF REPORT OR NOTICE OF "REPORT NOT FOUND".