



City of Paso Robles / Department of Emergency Services  
900 Park Street, Paso Robles, CA 93446  
(805) 227-7560 / Fax: (805) 237-4138

### INCIDENT REPORT REQUEST

To obtain a report, please complete this form. A \$15.00 check made payable to the "City of Paso Robles" must be included with the request, as well as a legible copy of your photo identification; i.e., Driver's License, etc.

**NOTE:** Medical information will not be released without a written request from the patient or a properly executed, court-ordered subpoena. The release authorization should be signed and dated by the patient and identify 1) the information requested and 2) the name, address, and institutional affiliation of the person to whom the information is to be disclosed.

PLEASE PRINT

Date: \_\_\_\_\_ Your Name: \_\_\_\_\_

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

Incident Date: \_\_\_\_\_ Incident # (if known): \_\_\_\_\_

Incident Location/Address: \_\_\_\_\_

\_\_\_\_\_

Incident Type (fire, medical, etc.): \_\_\_\_\_

Person(s) Involved: \_\_\_\_\_

Other Info: \_\_\_\_\_

*Requests are normally processed within 5 business days. If you need further assistance, call the Paso Robles Department of Emergency Services at (805) 227-7560.*

***For office use only:***

*Paid by Cash / Check*

*Amount:  \$15.00*

*Other:*

*Records sent via: Mail / Fax / Hand delivered*

*Date: \_\_\_\_\_*

*Initials: \_\_\_\_\_*

*Request  Approved  Denied*

*By: \_\_\_\_\_*

*Date: \_\_\_\_\_*