



South Pierce Fire and Rescue

P.O. Box 898
Eatonville, WA 98328
HQ (253) 847-4333
FAX (253) 262-3182



Date of Request: _____

Name: _____ **Phone No.** _____

Address: _____

ID Source and or No. (*WA State Drivers License, etc.*):

Type of Information being Requested: _____

Date of Incident: _____

Location of Incident: _____

Name of Patient: _____

Relationship to Patient: _____

I authorize the above information to be released to:

Name: _____

Address: _____

City: _____ **State** _____ **Zip:** _____

Signature of Patient

**Signature of Patient or Legal Guardian
If Patient is a Minor**

Signature for Public Information Only

