



La Pine Rural Fire Protection District
51590 Huntington Rd / PO Box 10
La Pine, OR 97739
541-536-2935

Incident Report Request

Date of Request _____

Name of Requestor _____

(check one) Property Owner or Patient ___ Insurance Agency ___

Hired by Homeowner ___ Hired by Insurance Company ___ Other ___

Contact Information:

Address _____

Email _____

Phone _____

Date of Incident _____

Address of Incident _____

Type of Incident: (check one) Fire ___ Vehicle Accident ___ Medical ___

Medical reports are restricted records protected by federal law and are protected from most disclosures except to the person they pertain (including custodial parents for those under 18 or person holding verifiable power of attorney for health care issues), attending medical authorities and facilities and the compensating insurance company. All other requests by any public and/or third-party requesters, including law enforcement, must have a notarized approval from the subject of the medical record or a valid court order.

Date Report Mailed/Emailed _____ Picked up at Fire Admin Office _____

Records Fee - \$30.00 per hour _____

Copy Fee .10 per copy B/W _____

Copy Fee .25 per copy Color _____

Postage _____

Total Fee _____

Signed _____ Date _____