

Clark County Fire Department
Custodian of Records
575 East Flamingo Road, Las Vegas, NV 89119

Incident Report Request Form

Type of Incident:

(such as Structure Fire, Vehicle Fire, *Medical)

Date of Incident:

Time of Incident: AM or PM

Address or Intersection of Incident:

Vehicle Information (if applicable):

Requested By:

Company:

Address:

City:

State:

Zip:

Telephone Number:

Fax Number:

I prefer to: pick up the report at the address above

have the report faxed to the fax number I provided

Purpose of Report Request:

Medical Report Request – Please complete the following:

Patient First Name:

Patient Last Name:

Patient Address:

Patient Social Security Number:

Patient Date of Birth:

*If you are not the patient, you will need to complete the “Authorization to Use and Disclose Protected Health Information” form. The original form must be signed by the patient, notarized, and mailed to the address above.

**IT MAKE TAKE UP TO 30 DAYS TO PROCESS YOUR REQUEST.
SUBMITTING DUPLICATE REQUESTS WILL NOT EXPEDITE THE PROCESS.**

Please fax completed form to (702) 455-7137 or drop it off in person at the above address.