



## McHENRY TOWNSHIP FIRE PROTECTION DISTRICT RECORDS REQUEST FORM

Date Received: \_\_\_\_\_

Requester Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Patients Name (if different from Requester): \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Items Requested: ☐ Incident Report ☐ Billing Records

Additional Information Needed: (Please be specific, include approximate date range, record type, etc.)

\_\_\_\_\_  
\_\_\_\_\_

What is the requester's relationship to the patient (please check only one box below)?

☐ Self/Patient ☐ Parent/Guardian ☐ Executor/Power of Attorney ☐ Other \_\_\_\_\_

Is the patient a minor? ☐ Yes ☐ No Date of Birth \_\_\_\_\_

### **Requestor – Please read and submit the required item(s) below:**

- If you are the requester/patient, a proper form of identification (drivers license, state ID, etc.).
- Proof of parental status or guardianship, if the patient is a minor. Acceptable proof is a copy of the patient's birth certificate or a court document showing custody/guardianship.
- Proof that a court has appointed you power of attorney or administrator of the patient, if the patient is deceased or has special needs.

\_\_\_\_\_  
Signature of Requester

\_\_\_\_\_  
Date

-----  
Internal Use Only

Incident Date: \_\_\_\_\_

Incident Number: \_\_\_\_\_

Additional Notes: \_\_\_\_\_