



CLACKAMAS FIRE DISTRICT #1

Clackamas Fire District #1 Public Records Request Form

If requesting Medical Records, please include signed HIPPA release form

Date: _____

Name: _____

Mailing Address: _____

Phone: _____

Fax: _____

E-Mail: _____

Type of Request: Fire EMS MVA

Inspection Other _____

Date of Incident/Inspection: _____

Location of Incident/Inspection: _____

Persons Involved in Incident: _____

Other Important Information: _____

Form processing is **\$12.00**
 CDs of investigative photos are \$5.00 per incident
 Please return this form with your check to:

Clackamas Fire District #1 Administration
 11300 SE Fuller Rd
 Milwaukie, OR 97222

For Fire District Use Only	
Estimated cost: \$	Date paid:
Date records released:	Released by:
Record not released	Reason not released: