



# MORONGO VALLEY FIRE DEPARTMENT REPORT REQUEST FORM

Morongo Valley Fire Department will only release copies of the following reports to the public under the following conditions:

**Incident Report:**

- **Property owner(s):** As indicated by County of San Bernardino Office of Assessor Property Information Management System or vehicle owner registration.
- **Insurance companies:** When documentation is provided indicating they are representing a property owner associated with the report.
- **Attorneys:** Subpoena for documentation.

**Patient Care Report:**

- **Patient:** With a valid picture governmental identification.
- **Parent or guardianship of the patient:** With a valid picture governmental identification and documentation is provided in the form of a certified birth certificate from a governmental agency or legal documentation indicating power of attorney or guardianship of the patient.
- **Attorneys:** Subpoena for documentation.

**Fire Report:**

- **Insurance companies:** When documentation is provided indicating they are representing a property owner associated with the report.
- **Attorneys:** Subpoena for documentation

Indicate which type of report is being requested (one report per report request form):

- Incident Report     Patient Care Report     Fire Report

Today's Date: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name of person requesting report: \_\_\_\_\_

Name of business requesting report (if applicable): \_\_\_\_\_

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

Indicate which method(s) you request to receive report:

- Pick up report in person
- Mailing address to mail report: \_\_\_\_\_
- Fax number to fax report: \_\_\_\_\_
- E-mail address to e-mail report: \_\_\_\_\_

Please indicate as much information as possible regarding the incident for the report:

Date or approximate date of incident: \_\_\_\_\_

Morongo Valley Fire Department incident number: \_\_\_\_\_

Address or location of incident: \_\_\_\_\_

Circumstances of incident: \_\_\_\_\_

**Certification:**

I certify as the person or representative requesting the above report that all of the above information on this form and the documentation used to authorize and identify the release of report is true and correct to the best of my knowledge.

Signature of person or authorize representative of business requesting report: \_\_\_\_\_

**Official Use Only**

Attach photocopies of the following documentation to this form:

- All documentation used to authorize and identify the release of report to the above person or business.
- Copy of requested report
- Proof of Delivery

**Received Report Request Form Via**

- In Person  
 Postal delivery  
 Fax  
 E-Mail

Received By: \_\_\_\_\_

**Incident Match**

- MGO Incident Number: \_\_\_\_\_
- Unable To Locate An Incident Matching The Above Description

**Method(s) Of Delivery Of Requested Report or Notification Of Unable To Locate An Incident Matching The Above Description**

- In Person Picked Up( Date): \_\_\_\_\_
- Postal delivery (Date): \_\_\_\_\_
- Fax (Date): \_\_\_\_\_
- E-Mail (Date): \_\_\_\_\_

Sent By: \_\_\_\_\_