

Park City Fire Service District  
PO Box 980010  
Park City, Utah 84098-0010  
435.940.2500 Fax 435.940.2451  
Email: [dcogan@pcfd.org](mailto:dcogan@pcfd.org)

## Request for Records Release

Record(s) Requested:  **Fire Response Report** Date of Incident: \_\_\_\_\_  
Location: \_\_\_\_\_  
Name of Person Insured (If Applicable): \_\_\_\_\_  
 **Patient Care Report** Date of Care: \_\_\_\_\_  
Name and D.O.B. of Patient: \_\_\_\_\_  
 **Other (Specify):** \_\_\_\_\_  
\_\_\_\_\_

Person Requesting Record(s): \_\_\_\_\_ Date: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home/Cell Phone No.: \_\_\_\_\_ Business Phone No.: \_\_\_\_\_  
Reason for Request: \_\_\_\_\_  
What is your involvement:  I am the subject of the record  
 I am the authorized representative of the subject of the record  
 Other: \_\_\_\_\_  
***As the undersigned, I understand that any false or misleading information that I present to the PCFSD or that I place on this request may make me subject to criminal prosecution.***  
\_\_\_\_\_  
Signature of Person Requesting Documents \_\_\_\_\_ Date of Request \_\_\_\_\_

### NOTICE OF IDENTIFICATION REQUIRED

You must present a photo ID to PCFSD personnel in order to receive any reports or records from the PCFSD that contain personal information and/or protected health information.

ID/License No.: \_\_\_\_\_ State Issued: \_\_\_\_\_ Type: \_\_\_\_\_  
D.O.B. (M/D/Y): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Height: \_\_\_\_ Weight: \_\_\_\_ Eyes: \_\_\_\_ Hair: \_\_\_\_\_

**(This section to be completed by PCFSD Personnel only)**

If you request records from PCFSD that contain personal information and/or protected health information and **are unable to appear in person** and present a photo ID, PCFSD records may be released to you **if** this document is signed before a notary public and returned to PCFSD.

State of: \_\_\_\_\_

County of: \_\_\_\_\_

Subscribed and Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

By \_\_\_\_\_, known by me to be the person named above.

Notary Public: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

**(DO NOT FILL THIS SECTION OUT IF YOU ARE APPEARING AT PCFSD IN PERSON)**

## Requester Information

The record or records you have requested are classified under the Government Records Access and Management Act (GRAMA). Your request will be addressed as soon as reasonably possible, but no later than 10 business days after receiving the written request. If we are unable to fill your request within this timeframe, we will notify you by phone or mail of the reason(s) and inform you as to the procedure for continuing your request. Below is the Utah State Code indicating how records governed by this act may be disseminated.

**Utah State Code: 63G-2-202. Access to private, controlled, and protected documents.**

Records containing protected health information as defined in 45 C.F.R., Part 164, are governed by HIPAA (the Health Insurance Portability and Accountability Act) are not subject to GRAMA.

**45 C.F.R., Part 164: Standards for Privacy of Individually Identifiable Health Information**

A copy of this information should be retained for future reference. If you have any questions, please contact the Park City Fire District Office by calling 435-940-2500 8:30 a.m. – 4:30 p.m., Monday through Thursday.