

OAK BLUFFS FIRE-EMS DEPARTMENT

REQUEST FOR FIRE OR MEDICAL RECORDS

Requester's First Name: _____ Requester's Last Name: _____

Requester's Residential Address: _____

Requester's Mailing Address: _____

Requester's Phone Number: _____ Requester's Other Number: _____

Below, list the date of the incident, location of the incident, and any other pertinent information that will locate the records you are requesting.

Fee: For preparing, mailing, or faxing a report or records from agents and companies - **\$5.00**

Please make checks payable to "Town of Oak Bluffs"

Requests for records will be processed in the order of which they are received and within 10 days as required by M.G.L. Chapter 66, Section 10.

Before signing this document, verify that the content you are signing is correct.

Requester's Signature Date & Time of Submission

Fire-EMS Chief's Signature Date of Release/Rejection

Mailed/In hand Number of Pages Amount Received

Phone: 508-693-5380 | Fax: 508-693-6726 | oakbluffsfireandems.com

6 Firehouse Lane P.O. Box 2131 Oak Bluffs, MA 02557