

**MURRAY CITY FIRE DEPARTMENT
REQUEST FOR RECORDS
4848 S Box Elder Street, Murray, UT 84107
(801) 264-2780**

Records Requested:

Fire Incident Report
 Medical Incident Report
 Other: _____

Description of records sought (records must be described with reasonable specificity including name, date, and place of occurrence):

I would like to receive a copy of the records. I understand that I will be responsible for copy and research costs. I authorize costs of up to \$10.00. *Any additional costs must be authorized prior to processing this request.*

My name is: _____

My address is: _____

City, State, Zip Code: _____

My daytime telephone number: _____

I am the subject of the record.
 I am the authorized representative of the subject of the record.
 Other: _____

Signature

Date

Photo identification is required in order to receive reports or records that contain personal information and/or protected health information.

IT MAY TAKE UP TO 10 WORKING DAYS TO FULFILL YOUR REQUEST